AGENDA CITY COUNCIL MAY 19, 2015

NOTICE:

MAY 19, 2015

5:15-5:30 P.W.	FINANCE COMMITTEE MEETING
5:30-5:45 P.M.	PUBLIC WORKS COMMITTEE MEETING
5:45-6:00 P.M.	POLICE COMMITTEE MEETING
6:00-6:30 P.M.	PLANNING & ZONING COMMITTEE MEETING
6.30.7.00 P M	INSTIRANCE COMMITTEE MEETING

TOWNSHIP MEETING MAY 19, 2015

- 1. PRAYER-
- 2. PLEDGE OF ALLEGIANCE
- 3. ROLL CALL
- 4. TOWNBOARD MINUTES- MAY 5, 2015
- 5. PRESENTATION OF COMMUNICATIONS:
- 6. FINANCE: VIRGIL KAMBARIAN, CHAIRMAN
 - A. BILL LIST- MAY 19, 2015

CITY COUNCIL MEETING MAY 19, 2015

- 1. ROLL CALL
- 2. CITY COUNCIL MINUTES-MAY 5, 2015
- 3. PRESENTATION OF COMMUNICATION
 - A. LETTER-HOLY FAMILY-FEAST OF CORPUS CHRISTI-JUNE 7, 2015
 - B. LETTER SW ILLINOIS COUNCIL OF MAYORS
 - C. LETTER- MARY VINYARD-BLOCK PARTY 2600 BLOCK OF STATE STREET
- 4. REMARKS BY MAYOR
- 5. REPORT OF STANDING COMMITTEES:

DOWNTOWN: NIKKI PETRILLO, CHAIRMAN (CITY HALL & BUILDINGS)

A.

PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN

- A. BUILDING & ZONING DEPT MONTHLY REPORT FOR APRIL 2015
- B. ORDINANCE TO REQUIRE ABATEMENT OF METHAMPHETAMINE CONTAMINATION OF BUILDINGS OR STRUCTURES IN THE CITY OF GRANITE CITY

LEGAL AND LEGISLATIVE: TIM ELLIOTT, CHAIRMAN (CABLE TV, ORDINANCE)

A.

PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)

- A. ORDINANCE REMOVING AND REPEALING ORDINANCE 7717, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT NO. 27 BRIARCLIFF
- B. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 1707 EDISON AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS
- C. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2119 BRYAN AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS
- D. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2700 EDWARDS, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

POLICE COMMITTEE: BOB PICKERELL, CHAIRMAN
A. ORDINANCE TO COLLECT AN ANNUAL
REGISTRATION FEE FROM SEX OFFENDERS

FIRE: WALMER SCHMIDTKE, CHAIRMAN

A. FIRE DEPARTMENT MONTHLY REPORT FOR APRIL
2015

WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN A.

INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN

- A. PENDING LITIGATION
- B. ORDINANCE REQUIRING INSURANCE COVERAGE FOR PERSONS CONDUCTING SPECIFIC EVENTS ON CITY FACILITIES OR CITY PROPERTY
- C. RISK MANAGEMENT MONTHLY REPORT FOR 5/13/15

INDUSTRIAL SEARCH AND NEGOTIATIONS: PAUL JACKSTADT, CHAIRMAN

A.

FINANCE: RON SIMPSON, CHAIRMAN

- A. RESOLUTION TO HIRE ELECTRIC RATE CONSULTANTS
- B. RESOLUTION TO HIRE SPECIAL COUNSEL TO ASSIST THE CITY IN NEGOTIATIONS AND CONTRACTING FOR ELECTRIC POWER SUPPLY
- C. RESOLUTION-TANK'S TRAINING FACILITY TIF GRANT REDEVELOPMENT AGREEMENT
- D. TREASURERS REPORT APRIL 30, 2015
- E. SEWER COLLECTIONS REPORT APRIL 30, 2015
- F. VIDEO GAMING TAX REPORT APRIL 30, 2015
- G. CITY STICKER ANNUAL REPORT MARCH 31, 2015
- H. PAYROLL-MAY 15, 2015

Report of Officers Unfinished Business New Business

ADJOURNMENT

CITY COUNCIL MINUTES MAY 5, 2015

Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:07 p.m.

ATTENDANCE ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Clerk Whitaker and Mayor Hagnauer were present.

MOTION By Thompson, second by Simpson to approve the minutes from the City Council Meeting on May 5, 2015. ALL VOTED YES. Motion carried.

CITY CLERK Judy Whitaker swears in the newly elected and re-elected Alderman to the Granite City Council. (1st Ward-Bob Pickerell -3rd Ward-Tim Elliott-4th Ward Bill Davis-5th Ward Don Thompson)

MOTION By Thompson, second by Jackstadt to approve as requested the Greater Madison County Federation of Labor, AFL-CIO, Annual Labor Day Parade on Monday September 7, 2015 at 10:00 a.m. under the supervision of the Police and Public Works Departments. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Thompson to place on file the HARC Minutes from April 28, 2015. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Williams to concur with the HARC and approve the request from Intrepid Engineering Group Inc., Arthur Harris, for a Restaurant and Root Beer Bar at 2100 Adams, to be located in a D-4 Residential Sub-District. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Davis concur with the HARC and approve the request from Tanks Total Fitness, Chris Janek at 1908 State Street for proposed changes to exterior and approval of a continuing grant. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Jackstadt to place on file a Memo from Steve Willaredt, Building & Zoning Administrator regarding Safe Routes to School Memo. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Davis to send back to committee an Ordinance to require abatement of methamphetamine contamination of buildings or structures in the City of Granite City. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Jackstadt to suspend the rules and place on final passage an Ordinance to update the Building & Zoning Permit Fee Schedule.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Thompson to place on file the Planning & Zoning Committee Minutes from April 21, 2015.

MOTION By Thompson, second by Schmidtke to suspend the rules and place on final passage an Ordinance establishing a handicapped parking space for two years at 1324 Niedringhaus, within the City of Granite City, Illinois.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Davis to suspend the rules and place on final passage an Ordinance to install a "Slow Children at Play" sign in front of 2235 Edison Ave.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Jackstadt to suspend the rules and place on final passage an Ordinance removing and repealing Ordinance 8468, and it's designation of a handicap parking space at 2421 Cleveland.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by McDowell to place on file the Public Works Committee Meeting Minutes for April 21, 2015. ALL VOTED YES. Motion carried.

MOTION By Elliott, second by McDowell to refer back to the Police Committee an Ordinance to collect an Annual Registration Fee from Sex Offenders. ALL VOTED YES. Motion carried.

MOTION By Williams, second by Davis to give the City Attorney Settlement Authority on Case # 614 as discussed in the Insurance Committee Meeting on May 5, 2015.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Williams, second by McDowell to place on file the Insurance & Safety Committee Minutes for April 21, 2015. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Thompson to approve a Resolution to oppose Appeal to the Property Tax Appeal Board of the State of Illinois, concerning 2901 Missouri Avenue. (Kraft-Capri Sun)

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Thompson to place on file the Industrial Search Committee Minutes from April 21, 2015. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Thompson to approve a Resolution authorizing the Mayor to apply for Community Development Block Grant Funds from Madison County.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by McDowell to approve the Bill List for April 2015 in the amount of \$3,901,982.80.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Jackstadt to approve the Payroll for the period ending April 30, 2015 in the amount of \$665,652.28.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Elliott to place on file the Finance Committee Minutes from April 21, 2015. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Petrillo to call for a Special Meeting of the Legal & Legislative Committee, on Tuesday, May 12, 2015 at 6:00 p.m., regarding Committee Assignments per 2.06.090 of the Granite City Municipal Code. ALL VOTED YES. Motion carried.

MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:30 p.m. Motion carried.

MEETING ADJOURNED

ATTEST JUDY WHITAKER CITY CLERK

HOLY FAMILY CATHOLIC CHURCH 2606 WASHINGTON AVENUE GRANITE CITY, IL 62040 (618)877-7158

May 11, 2015

Mayor Edward A. Hagnauer Members of the City Council of Granite City, IL City Hall 2000 Edison Avenue Granite City, IL 62040 JUDY J. WHITAKER RECEIVED

MAY 1 3 2015

CITY CLERK'S OFFICE
GRANITE CITY, IL

Dear Mayor Hagnauer and Members of the City Council:

Holy Family Parish will be celebrating the Feast of Corpus Christi on Sunday, June 7, 2015, and we would like to have a procession around the church property after the 10:30 a.m. Mass that Sunday.

The procession would encompass a section of the 2600 block of Washington Avenue, and one block of Jerden, Kate and Sheridan Avenues, and should last for approximately 30-45 minutes. The sidewalks are too small for the crowd, so if possible, I would like to process in the streets.

I am respectfully requesting permission to have this procession, and if at all possible, to have a police escort.

Thank you in advance for any consideration you may give to this request.

Pax et Bonum.

In Jeff

Fr. Jeff Holtman, O.F.S.

Pastor

CC:

Judy Whitaker

City Clerk

Southwestern Islinois Council of Mayors

St Clair, Madison, Monroe, Jersey and Surrounding Counties

Mark Eckert-Belleville President

Tom Smith-Waterloo Vice President

Ray Klein-Smithton Treasurer

Allen Adomite-Troy Secretary

John Miller-Collinsville

Leo Stewart Jr-Alorton Brant Walker-Alton

Alan Winslow-Bethalto Charles Hilmes-Breese

Gary Cornwell-Cahokia

Fred Bright-East Atton Herbert Simmons-East Carondelet Alvin Parks-East St Louis

Hai Patton-Edwardsville Mark Kupskyl-Fairview Hts

Seth Speiser-Freeburg Mike McCorrmick-Godfrey Tom Thompson-Grafton Ed Hagnauer-Granite City

Larry Bloemker-Hamel James Spann-Hartford Charles Kujawski-Hecker

Joe Michaelis-Highland William Russell-Jerseyville John Hamm III-Madison John Molitor-Marine

Larry Gulledge-Maryville
Jerry Cross-Marissa
Jerry Daugherty-Mascoutah
Michael Todd-Millstadt
Richard Kiein-New Athens

Kevin Hutchinson-Columbia Ronnie Dell-Dupo

Members

Immediate Past President

May 4, 2015

Dear Mayors and Associates:

Mayor Jerry Daugherty will host this month's meeting on <u>Thursday</u>, <u>May 28</u> at Roemer Topf Restaurant in Mascoutah (directions below). Guests are welcome.

JUDY J. WHITAKER

RECEIVED

MAY 1 2 2015

CITY CLERK'S OFFICE

GRANITE CITY, II

We have two guest speakers for the evening, Ed Hillhouse, Executive Director of East-West Gateway Council of Governments and Assistant Executive Director Jim Wild. Ed will talk on leadership, and Jim will talk on how local transportation projects are prioritized for funding consideration. This will be our last time to see Ed as Director of Gateway, so we hope you will come to wish him well as he pursues his next professional endeavor.

Reception begins at 6:00 pm, meal at 6:45. Meal cost is \$25, payable to "SWICOM" at the door or in advance. Reservation guarantees payment.

Please make reservations by 5:00 pm Friday, May 22.

Thank you.

Sincerely,

Judith Nelson

Executive Director

... t

Christy Picard-New Baden
Gary Graham-O'Fallon
Mile Pagano-Pontoon Beach
Tim Lowry-Red Bud
Paul Oller-Roxana
Jim Vernier-Shiloh
Richard Schiefer-St Jacob
Jason Schlimme-Sparte
Ken Mueller-Swansee
Kyle Jones-Trenton
Ricky Gottman-Vandalla
Frank Akers-Wood River

<u>Directions</u>: From 164, take Rte 4 south to West Main (Rt 177). Turn right (west) on Main. At the intersection where Scott Credit Union is, turn left onto South County Street, then right on McKinley to the restaurant parking lot.

From Rte 15, take Rte 158/177 east into Mascoutah. Just past the high school, turn right (south) onto South County Street, then right on McKinley to the restaurant parking lot.

5/14/15 Dear Mayor Hagnauer and City Council, I am sequesting that the 2600 block of State Street be closed to traffic on Saturday, June 20th. Besidents are hoping to have a black party from 4:00 p.m. to 8:00 p.m. Thank you for your consideration. (618)219-2991 APR 20 2015 MAYOR'S OFFICE



City of Granite

Inspection Department

2000 Edison, Ground Floor Granite City, IL 62040

Phone:(618) 452-6218

Fax:(618) 452-6246

JUDY J. WHITAKER RECEIVED

MONTHLY REPORT TO CITY COUNCIL **BUILDING & ZONING DEPARTMENT**

APRIL 2015 REPORT

The Building & Zoning Department no longer issues free permits for charities; tax exempt organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required. ADOR SOLE

		и у и и у и и и и и и и и и и и и и и и	Permits
Building Permits	168	\$	
Electrical Permits	105	\$ \$	6,780.00
Mechanical Permits	54	3 S	4,933.00
Plumbing Permits	43	\$ \$	2,760.00
Occupancy Permits	114	\$ \$	2,214.00
Fence Permits	22		3,400.00
Sewer Permits		\$	760.00
Razing Permits DEMO	12	\$	900.00
Excavating Permits	6	\$	160.00
SIGN Permits	4	\$	360.00
HARC	0	\$	<u>.</u>
Planning & Zoning	0	\$	**
Board of Appeals	0	\$	
	0	\$	
Graphic Review	0	S	-
Plan Review	¥ .	\$	100.00
Finger Print Processing	25	\$	
Misc.	0	\$	1,265.00
Oversize Load	2	\$	***
Flood Zone Cert			60.00
(Stationary Eng. Renewals)	0	\$	**
July Venewals)	12	\$	120.00
FOTALS	568	\$	

APPROX. CONSTRUCTION VALUE BASED ON

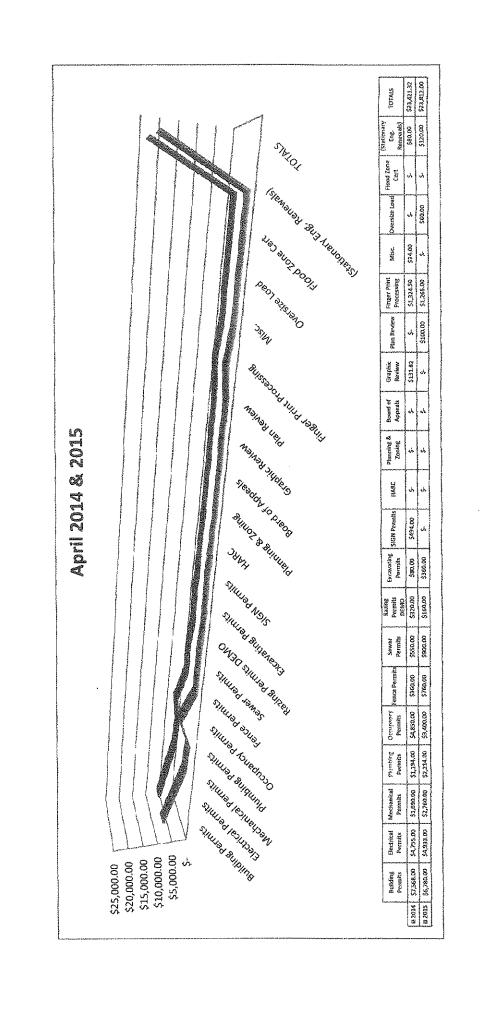
BUILDING PERMITS ISSUED THIS MONTH

647,662.28

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - MAY 5, 2015 Sheila Nordstrom, Secretary Building & Zoning Dept.





AN ORDINANCE TO REQUIRE ABATEMENT OF METHAMPHETAMINE CONTAMINATION OF BUILDINGS OR STRUCTURES IN THE CITY OF GRANITE CITY

WHEREAS, the purpose of the Ordinance is to reduce the harm that methamphetamine is inflicting on individuals, families, the community, the economy and the environment in the City of Granite City; and

WHEREAS, the illegal manufacture or storage of methamphetamine poses a serious health risk to the citizens of Granite City, to law enforcement and public safety officers and to others due to the exposure to methamphetamine contaminants; and

WHEREAS, structures or buildings in which methamphetamines are manufactured or stored may become contaminated with toxic substances and until that contamination is properly abated in accordance with the requirements of this Ordinance, said buildings or structures shall be deemed a toxic nuisance and a dangerous building or structure in which human occupancy is prohibited; and

WHEREAS, for the uses, purposes and reasons aforesaid, the City Council of the City of Granite City has found and determined that it is in the public interest and the health, safety and welfare of the citizens of the City that this Ordinance be enacted.

NOW THEREFORE, BE IT ORDAINED, by the City Council of the City of Granite City as follows:

Section 1 - The recitals contained above in the preamble of this Ordinance are hereby incorporated herein by reference, the same as if set forth in this Section of this Ordinance verbatim, as findings of the City Council of the City of Granite City.

Section 2 - Chapter 15.12 (DANGEROUS BUILDINGS) of the Municipal Code of the City of Granite City is hereby changed and amended to add thereto Section 15.12.045 (Abatement of methamphetamine contamination), to read as follows:

Section 15.12,045 Abatement of Methamphetamine Contamination.

A. Definitions.

"Manufacture" means to produce, prepare, compound, convert, process, synthesize, concentrate, purify, separate, extract, or package any methamphetamine, methamphetamine precursor, methamphetamine manufacturing catalyst, methamphetamine manufacturing reagent, methamphetamine manufacturing solvent, or any substance containing any of the foregoing.

"Methamphetamine" means the chemical methamphetamine (a Schedule II controlled substance under the Illinois Controlled Substances Act) or any salt, optical isomer, salt of optical isomer, or analog thereof.

"Methamphetamine Manufacturing Catalyst" means any substance that has been used, is being used, or is intended to be used to activate, accelerate, extend, or improve a chemical reaction involved in the manufacture of methamphetamine.

"Methamphetamine Manufacturing Chemical" means any of the following chemicals or substances containing any of the following chemicals: benzyl methyl ketone, ephedrine, methyl benzyl ketone, phenylacetone, phenyl-2-propanone, pseudoedrine, or red phosphorous or any of the salts, optical isomers, or salts of optical isomers of the above listed chemicals.

"Methamphetamine Manufacturing Environment" means a building, structure or vehicle in which:

- 1) methamphetamine is being or has been manufactured;
- 2) chemicals that are being used, have been used, or are intended to be used to manufacture methamphetamine are stored;
- 3) methamphetamine manufacturing materials that have been used to manufacture methamphetamine are stored; or
- 4) methamphetamine manufacturing waste is stored.

"Methamphetamine Manufacturing Waste" means any chemical, substance, ingredient, equipment, apparatus, or item that is left over from, results from, or is produced by the process of manufacturing methamphetamine, other than finished methamphetamine.

"Clandestine Laboratory" means a location and operation, past or present, including but not limited to buildings, or vehicles equipped with hardware, containers, precursors or related reagents and solvents needed to unlawfully prepare or manufacture methamphetamines.

"Cleanup" means actions necessary to contain, collect, control, identify, analyze, disassemble, treat, remove, or otherwise disperse all substances and materials, including but not limited to the Chemicals listed in the definition of Methamphetamine Manufacturing Chemical.

"Building or Structure" shall include apartments, single-family homes, garages, hotel/motel rooms, mobile homes, vehicles, rooms for rent, duplex dwellings, or any other building or structure.

B. Contamination of Methamphetamine Manufacturing Environment. It is unlawful to maintain or permit the use, occupancy or existence of a building, vehicle or other structure in the City which has been used for the manufacture or storage of methamphetamine until proper Cleanup has occurred in accordance with this Section of the Dangerous Buildings Code and said Cleanup has been approved by the City's Building Inspector.

- C. Methamphetamine Contamination Abatement. Whenever a building, vehicle or other structure or definable portion thereof is determined to have been exposed to toxic chemicals from the manufacture and/or storage of methamphetamine, and such determination is confirmed by a law enforcement officer, a health inspector, a city building inspector or other public safety officer, the building, vehicle or structure or definable portion thereof suspected to be contaminated shall be vacated and remain unoccupied until Cleanup has been completed in accordance with the requirements of Subsection "D" of this Section of the City's Dangerous Buildings Code.
- D. Methamphetamine Abatement Procedure. The Owners(s) or other person or party having the occupancy, control or ownership of a building, vehicle or other structure, or definable portion thereof, determined to be a Methamphetamine Manufacturing Environment or Clandestine Laboratory, shall be required to hire a contractor who has hazardous waste expertise and is certified to conduct methamphetamine abatement. In addition the certified contractor must elicit the guidance of a certified industrial hygienst (CIG) in all cleanup operations. The CIG will conduct the preliminary assessment and post remediation sampling and provide the City with a No further Remediation Letter once the abatement is complete.
 - a. Inspection and testing shall be done in each room of a single-dwelling unit and shall include basement, attic areas, attached garages and heat and cooling duct systems.
 - b. Any time a garage that is attached to and/or shares a common access point to the living quarters is used for a Clandestine Laboratory operation, the garage and living quarters shall be deemed abandoned and unsafe until such time as the buildings and structures have been abated from all Methamphetamines, Methamphetamine Manufacturing Catalysts, Methamphetamine Manufacturing Chemicals and Mehtamphetamine Manufacturing Waste and such abatement has been confirmed and approved by the City Building and Zoning Administrator.
 - c. Anytime a motel/hotel room us used for a Clandestine Laboratory operation that room will be considered abandoned and unsafe and will not be allowed to be occupied until such time as the room has been Cleaned and certified for occupancy by the City Building and Zoning Department.
 - d. Anytime a Clandestine Laboratory operation is found in a multi-unit building or structure including a motel/hotel, inspection and testing shall take place in the adjacent unit(s) surrounding the Dangerous Building that share a common wall or floor or ceiling. Additionally, testing will take place in any/all unit(s) sharing a common heating or cooling system with the Dangerous Building. Inspection and testing of adjacent unit(s) will be confined to rooms sharing common wall, floor or ceiling unless test results show the presence of toxic material in which case testing will continue to expand to adjacent rooms, buildings or structures until such time that the adjacent room, building or structure are determined not to be contaminated.

- E. Notice to Abate Toxic Contamination.
- Abatement Notice Whenever a law enforcement officer, building inspector, health 1 officer, fire chief, fire marshal, or other public safety officer has reasonable grounds to believe that a building or other structure or a definable portion thereof may be contaminated by toxic chemicals created by methamphetamine manufacture or storage, he or she shall file a written statement to that effect with the City's Chief of Police and/or the City's Building and Zoning Administrator. The Building and Zoning Administrator and/or the Police Chief or their designee shall thereupon cause written notice to be served upon the owner(s) or record of the building, vehicle or structure and/or the person in charge of or in control of same and any lien holder(s) of record, by registered mail or by personal service. The notice shall state that the toxic nuisance must be abated in accordance with the requirements of Subsection C hereof and that the premises must be immediately vacated and any further occupancy permit to be issued by the City's Building and Zoning Department shall not be issued and the occupancy thereof may not be restored until the Cleanup has been completed to the satisfaction of the City's Police Chief and/or the City's Building and Zoning Administrator or their designee.

2. Form of Abatement Notice:

To:	(Owner/o	ccupant/lien holder) of the premis	es know and
described as (or havin	g the assigned	address of)		*
YOU ARE HEREB	Y NOTIFIED	that		_ has been
determined by the Cit				
Environment and/	or Clandesti	ne Laboratory	used to n	nanufacture
Methamphetamines.	Γhe structure or	building identified	above is unsaf	e and hereby
declared a Dangerous	Building. You	must immediately	acate the prem	uises or cause
the same to be vacate	d until the buil	ding or structure is	abated in acco	ordance with
Subsection D of 15.12				
hereto) and an occupa	ncy permit has	been issued by the	City's Building	g and Zoning
Department to allow	the building, v	ehicle or structure	to be occupied	l or used for
transportation. You a	re to clean the	subject building, ve	hicle or structi	are and abate
the Dangerous Buildin	ng as required b	y Subsection C of tl	his Section 15.	12.015 of the
Granite City Municipa	al Code within	sixty (60) days of th	e date of this N	lotice (unless
granted an extension	by the City's Po	olice Chief or Build	ing and Zonin	g Director or
their designee) or the	City will seek	a Court Order allo	wing the City	to abate the
Dangerous Building a	nd/or demolish	the building, vehicl	e or structure, a	it the expense
of the owner.		_		

- F. Abatement by the City. The City may abate the methamphetamine contamination or demolish the building, vehicle or structure upon the granting of a Court Order. If the person receiving the Notice has not commenced to comply therewith within fifteen (15) days from the date of the service of Notice or has commenced compliance but is not making a reasonable effort to complete the same in the opinion of the City's Police Chief or Building and Zoning Administrator, the City may file suit in a court of competent jurisdiction seeking an order allowing the City to abate the toxic nuisance or demolish the building, vehicle or structure, at the expense of the owner.
- G. City's Cost Recoverable from Property Owner. The City's cost of toxic nuisance abatement or demolition of a Dangerous Building, vehicle or structure due to methamphetamine contamination shall be recoverable by a property lien and/or an action at law against the owner to be filed within one hundred eighty (180) days after the remedial action.
- Section 3 Section 15.12.010 (Dangerous Building Defined Declared Nuisance) of Chapter 15.12 (Dangerous Buildings) of the City of Granite City Municipal Code is hereby changed and amended to add thereto Subsection (A)(5) to read as follows:
- A. 5 "Building or Structure" shall include apartments, single-family homes, garages, hotel/motel rooms, mobile homes, vehicles, rooms for rent, duplex dwellings, or any other building or structure used to manufacture or store methamphetamine until it is cleaned up and the contamination abated in compliance with section 15.12.015 of this Chapter
- Section 4 All ordinances or resolutions, or parts of ordinances or resolutions, in conflict herewith, to the extent of such conflict, are hereby changed and amended to read in compliance with the requirements of this Ordinance, and to the extent an ordinance or resolution or part of an ordinance or resolution cannot be changed to comply with the requirements of this Ordinance, there same is hereby repealed.
- Section 5 This Ordinance shall be in full force and effect from and after its passage and publication in pamphlet form as provided by law.

PASSED by the City Council of the City of Granite City, Illinois this day of May 2015.
APPROVED by the Mayor of the City of Granite City, Illinois this day of May, 2015.
MAYOR ATTEST:
CITY CLERK

83459

AN ORDINANCE REMOVING AND REPEALING ORDINANCE 7717, AND ITS

DESIGNATION OF A HANDICAP PARKING SPACE AT No. 27 BRIARCLIFF

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the

Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for

the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or

disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at

No. 27 Briarcliff, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that Ordinance 7717 (adopted October 21, 2003),

designating a vehicle parking space located at No. 27 Briarcliff and reserving a space for the use of

handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby

directed to remove from No. 27 Briarcliff any and all vehicle parking signs reserving any vehicular spaces

for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 7717,

are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form

by the Office of the City Clerk.

	APPROVED this	, d	ay of May,	2015
MAYO	R Edward Hagnau	er	manamarki kiriki k	

Judy Whitaker, CITY CLERK

59297.3

ATTEST:

ORDINANCE NO. ____

AN ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 1707 EDISON AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and,

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY
OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: There is hereby designated one handicapped parking space at 1707 Edison Avenue within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

SECTION 2: The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

SECTION 3: It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

SECTION 4: The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

SECTION 5: This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this _____ day of May, 2015.

Edward Hagnauer, Mayor ATTEST:	APPROVED:	
ATTEST:	Edward Hagnauer, Mayor	
ATTEST:		
	ATTEST:	

ORDINANCE NO.

AN ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2119 BRYAN AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and,

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY
OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: There is hereby designated one handicapped parking space at 2119 Bryan Avenue within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

SECTION 2: The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

SECTION 3: It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

SECTION 4: The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

SECTION 5: This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this ____ day of May, 2015.

APPROVED);		
Edward Hag	nauer, Mayo	Ŷ	
ATTEST:			
Judy Whitak	er, City Cler	·k	

ORDINANCE NO.

AN ORDINANCE ESTABLISHING TWO HANDICAPPED PARKING SPACES FOR TWO YEARS AT 2700 EDWARDS, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY
OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: There are hereby designated two handicapped parking spaces at 2700 Edwards within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking spaces, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

SECTION 2: The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking spaces by erecting and maintaining two or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking spaces designating said parking restriction.

SECTION 3: It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

SECTION 4: The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

SECTION 5: This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this ____ day of May, 2015.

APPROVED:	
Edward Hagnauer, Mayor	_
Edward Hughdon, Mayor	
ATTEST:	
Judy Whitaker, City Clerk 69542.9	

ORDINANCE	NO.
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AN ORDINANCE TO COLLECT AN ANNUAL REGISTRATION FEE FROM SEX OFFENDERS

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6 of the Illinois State Constitution of 1970; and

WHEREAS, in 730 ILCS 150/1 et seq., the Illinois Sex Offender Registration Act, Sex Offenders are required to register with the local law enforcement, within three (3) days of beginning school, establishing a residence, place of employment, or temporary domicile, all per 730 ILCS 150/33(b); and

WHEREAS, the Sex Offender Registration Act, 730 ILCS 150/3(c)(6), calls for an initial and annual renewal fee, in the amount of \$100, to be collected by the registering law enforcement agency having jurisdiction; and

WHEREAS, the Sex Offender Registration Act provides the registering law enforcement agency may waive the registration fee if it determines the person is indigent and unable to pay the registration fee.

NOW, THEREFORE, BE IT HEREBY ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, ILLINOIS, as follows:

1. The Granite City Municipal Code is hereby amended to include the following new provisions, to be codified at 9.90.010, et seq.

9.90.010 REGISTRATION FEE FOR SEX OFFENDERS

A. Any sex offender required to register with the Granite City Police Department as a local law enforcement agency, pursuant to the Sex Offender Registration Act, 730 ILCS 150/1, as now or as hereafter amended, shall be assessed an initial and renewal registration fee as follows:

The person registering as a sex offender shall pay a \$100 registration fee and annual \$100 renewal fee to the registering law enforcement agency, the Granite City Police Department.

The Chief of the Granite City Police Department may waive the registration fee if he or she determines that the person registering is indigent and unable to pay the registration fee, where consistent with State law.

The registration fee shall be distributed in accordance with the requirements of the Illinois Sex Offender Registration Act, 730 ILCS 150/3(c)(6), as nor or as hereafter amended.

- B. As used in this Subsection, "Sex Offender" has the same definition as in the Illinois Sex Offender Registration Act, 730 ILCS 150/2(A), as now or as is hereafter amended.
- 2. This Ordinance shall take effect thirty (30) days after passage, and may be published in pamphlet form by the Office of the City Clerk.
- 3. Nothing in this Ordinance shall be deemed to alter or amend the requirements of Sections 9.88.010 through 9.88.090 of the Granite City Municipal Code, concerning restrictions on the location of a residence of a child sex offender.
- 4. Nothing in this Ordinance shall be interpreted as punitive in intent or nature. Rather, it is the intent of this Section to implement the registration fee requirements of the Illinois Sex Offender Registration Act.

PASSED	thisday of	, 2015
APPROVED:		
<u></u>	Edward Hagnauer, Mayor	
ATTEST:		
	Judy Whitaker, City Clerk	

83526.1

Granite City Fire Department

Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015

00:00 to 24:00

All Stations All Shifts

All Units

JUDY J. WHITAKER RECEIVED 0 04/30/2015

MAY 4 - 2015

CITY CLERKS OFFICE

BRANIE OFFICE

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

	Current	Period	Prior P	eriod	
Category	Count	Staff Hrs	Count	Staff	Hrs
Fire Alarm Situations					
Accident, potential accident	2	02:46	2		02:46
Combustible/flammable spills & leaks	2	03:12	2		03:12
Dispatched and cancelled en route	8	01:32	8		01:32
Electrical wiring/equipment problem	1	09:06			09:06
Emergency medical service (EMS) Incident	3	06:38	3		06:38
False alarm and false call, Other	5	12:15	5		12:15
Fire in mobile property used as a fixed	1	04:04	1.		04:04
Fire, Other	2	15:01	2		15:01
Good intent call, Other	2	01:22	2		01:22
Hazardous condition, Other	2	02:14	2		02:14
Medical assist	91	115:42	91		115:42
Mobile property (vehicle) fire	1	01:54	1		01:54
Outside rubbish fire	2	02:29	2		02:29
Overpressure rupture, explosion, overheat,	1	07:12	1		07:12
Public service assistance	1	00:32	1		00:32
Rescue or EMS standby	1	06:09	1		06:09
Rescue, emergency medical call (EMS),	3	10:10	3		10:10
Service call, Other	3	03:19	3		03:19
Steam, Other gas mistaken for smoke	1	02:00	1		02:00
Structure Fire	2	45:29	2		45:29
System or detector malfunction	5	12:13	5		12:13
Unauthorized burning	1	00:45	1		00:45
Unintentional system/detector operation	4	06:58	4		06:58
	144	273:07	144		273:07
Inspection Violations Corrected					
COOKING GREASE FIRES CLASS K EXT REQUIRED	1		1		
GENERAL REQUIREMENTS - FIRE EXTINGUISHERS	1		1		
	2	annament ta a resta de la rest	2	igs year thin agree of the destination	y kumbulu <u>ng kun qaja jiya ma</u> pad) ngishi 111 h (pa
Inspection Violations Discovered					
ACCESSIBLE STOCK ROOM	2		2		
ADDRESS NUMBERS - VISIBLE FROM STREET	3		3		
COMBUSTIBLES DO NOT EXCEED 2500 SQ FT	2		2		
COMMERCIAL HOOD SYSTEM SERVICE	4		4		

^{*} Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

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Granite City Fire Department

Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015 00:00 to 24:00

00100 WG MITT

All Stations

All Shifts All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

	Current	Perio	i	Prior P	eriod	
Category	Count	Staff	Hrs	Count	Staff	Hrs
Inspection Violations Discovered						
ELECTRICAL BREAKERS:	5			5		
ELECTRICAL SYSTEMS REQUIRE CONDUIT	4			4		
EXIT SIGN ILLUMINATION	13			13		
FD CONNECTIONS LABELED AND OPERATIONAL	2			2		
GENERAL REQUIREMENTS - FIRE EXTINGUISHERS	11			1.1		
ILLUMINATION EMERGENCY LIGHTS	24			24		
INTEGRITY OF CEILINGS MAINTAINED	4			4		
MEANS OF EGRESS NOT BLOCKED BY STORAGE	1			1		
NO ACCUMULATION OF WASTE MATERIAL OR WEEDS	1			1		
UNAPPROVED: COVERS, JUNCTION BOXES, OPEN	9			9		
WORKING SPACE AND CLEARANCE	2			2		
	87	***************************************		87		
Occupancy Inspections/Activities						
INSPECTION - General	182		00:00	182		00:00
	182		00:00	182		00:00
Training						
Administrative Procedures	2		02:00	2		02:00
Advanced Cardiac Life Support	9		04:30	9		04:30
AERIAL TRAINING	1		01:00	1		01:00
Company Training	6		00:00	6		00:00
COMPUTER F.D. REPORT TRAINING	3		05:00	3		05:00
Drivers Training	4		04:00	4		04:00
ems back-up procedures	4		04:00	4		04:00
EMS PROTOCOL &TEXT	4		03:00	4		03:00
Fire Control, General	6		00:00	6		00:00
Fire Department Organization	14		28:00	14		28:00
Fire Inspections	13		32:30	13		32:30
First Responder-EMS	1.3		00:00	1.3		00:00
Inspection Codes	2		10:00	2		10:00
new equipment	13		13:00	13		13:0
PHYSICAL TRAINING	12		10:45	12		10:4
Policies and Procedures	2		02:00	2		02:0
pre fire planning class	9		00:00	9		00:0

^{*} Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

	Current	Period	Prior Period		
Category	Count	Staff Hrs	Count	Staff Hrs	
Training					
STANDARD OPERATING GUIDELINES	130	223:31	130	223:31	
Strategic and Tactical Operations	2	03:00	2	03:00	
STREETS	8	05:00	8	05:00	
Vehicle and Machinery Operations	2	02:00	2	02:00	
	259	353:16	259	353:16	

^{*} Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department 2300 Madison Ave.. Granite City, IL. 62040

dministered Meds Count	A	From: 04/01/2015 To: 04/	_
Mutual Aid Assignments Provided Abbott Ambulance	4	Mutual Aid Assignments Received	()
			240
Total EMS Assignments Provided	126	40.0.07	340
4440-02	136	40.0 %	I-Moster
4443-01	15	4.4 %	daman
4447-03 4449-04	185 4	54.4 % 1.2 %	majord og myllydig
No Patient At Scene Assignments	7		
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Call Volume Day of Week Analysis			340
Monday	57	16.8 %	prografa pikrippy
Γuesday	42	12.4 %	robletevočet
Wednesday	69	20.3 %	INDIAN MAT
Thursday	57	16.8 %	andrawky of chall ()
Friday	28	8.2 %	
Saturday	39	11.5 %	National Management of the Control o
Sunday	48	14.1 %	Molecus.
Call Volume by Hour Analysis			340
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3	8	2.4 %	The participants
4	9	2.6 %	SE434-1-ST4004;
5	5	1.5 %	DE-HELLINGERA
6	16	4.7 %	
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Essence	1	0.3 %
Essence healthcare	2	0.6 %
GHP	1	0.3 %
Harmony	1	0.3 %
Harmony Health Plan	10	3.0 %
Healthlink	I	0.3 %
Healthlink HMQ	1	0.3 %
Healthlink Open Access	1	0.3 %
Humana GOLD CHOICE	4	1.2 %
Humana HMO	2	0.6 %
Medicaid Illnois	34	10.1 %
Medicare A+B	1	0.3 %
Medicare complete	4	1.2 %
Medicare HMO	5	1.5 %
Medicare Mutual Omaha PO 1602	89	26.5 %
Medicare Outpatient	1	0.3 %
Medicare Railroad	1	0.3 %
Merdidian healthplan	1	0.3 %
Meridian Health Plan	18	5.4 %
Meridian Healthplan	1	0.3 %
Missourt Medicaid	1	0.3 %
Molina Care of Illinois	1	0.3 %
Molina health care	2	0.6 %
Molina Health care of IL	1	0.3 %
Molina healthcare	1	0.3 %
Molina Healthcare of IL	12	3.6 %
Molina Healthcare Of Illinois	2	0.6 %
Molina Healthcre	1	0.3 %
N/A	7	2.1 %
No Secondary Insurance	1	0.3 %
No TRANSPORT	8	2.4 %
Not applicable	1	0.3 %
Not available	1	0.3 %
null	10	3.0 %
Quality Rail Service	1	0.3 %
Self Pay	53	15.8 %
State of IL EMPL/HEALTHLINK	1	0.3 %
Tricare Prime	2	0.6 %
United Healthcare Choice	3	0.9 %
United Healthcare Mth	1	0.3 %
United Healthcare/HMO MCR	1	0.3 %
UnitY HOSPICE OF ST LOUIS	1	0.3 %
Unknown	2	0.6 %
VAMD CTR NONVA CARE 04FJB	1	0.3 %
Veteran's Adminstration	1	0.3 %
	and agreement process of the state of	

	maratical distribution of the state of the s	0.3 %	
Worker's Compensation	2	0.6 %	د الله المناب المنابع المنابعة و المنابعة المنابعة المنابعة المنابعة المنابعة و المنابعة و المنابعة و المنابعة - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Dispatch Complaint Assignments An	alysis	erret kants 556 melgen gegeng var vilde 55 til Schauf stödelich die Abstrang var Amsterde steinen sein eine nammen var	34
Abdominal Pain	14	4.1 %	SERVINGUES O STELLES COSONES ROMENOS PROPRIOS O ESPERANCIARIOS
Allergies/Hives/Med reaction	1	0.3 %	ANN AND THE COLUMN TO COMPANY OF THE COLUMN TO THE COLUMN TO COLUMN TO THE COLUMN TO C
Animal bite	1	0.3 %	aktora ta ta tanana dimensiya ma _{ra} tanani ya a lempas <u>ay</u> a m _{ara} ni bi qer iba ya ba aka aya a l
Assault	2	0.6 %	amanazan li-nazal amanibu lelulupum suntumbe lélulundu edou-des tes liveus
Back pain (non trauamatic)	8	2.4 %	Service resources to transfer and control of the first of the control of the cont
Breathing problems	41	12.1 %	
Cardiac/Respiratory arrest	2	0.6 %	
Chest pain	27	7.9 %	
Convulsions/Seizure	14	4.1 %	
Diabetic problems	6	1.8 %	
Emergency Transfer	4	1.2 %	Mildel 19 lindus Iral intervals in Low Wish Secure Arteria Section (Arrest)
Fall (nontraumatic)	12	3.5 %	oping in maganaping papawoonkat ka adametraha sendirakan sentilakan sa sa ka am
Falls/Back injury (traumatic)	15	4.4 %	
Headach e	2	0.6 %	والإنجارية والمجاورة ومراجعة والمجاورة والمجاو
Heart Problems	2	0.6 %	namen for del land landel delar la let 186 AVIII del la I HANNO NAME PARTINA LA VIII DA L
Hemorrhage/Laceration	2	0.6 %	د سنا آندار چار در داد انتها شده شده شده دار در انتها و انتها و انتها کار انتها کار انتها در انتها و پر پار ان این پ
Lift Assist (no injury complaint)	16	4.7 %	ladvalanalabaaldaji kirrotandika yevinyyi pi impi i milika i
Nature unknown	8	2.4 %	
Nausea/Vomiting	4	1.2 %	rassaura as roma e e e envisable a den 1850 de la cielle come de l'initiat de 200 de 200 de 1850 de 1850 de 18
Non-Emergency Transfer	8	2.4 %	alaunnaussajaje, Makkakterer Tiakteriaktekakteka Mikha Mikhanatata terniari fur
Overdose/Ingestion/Poisoning	8	2.4 %	
Psych/Suicide	5	1.5 %	و جاد المارات و الموافق و الموادر المارات و الموادر المارات و الموادر الموادر الموادر و الموادر و الموادر و الموادر و
Sick case	26	7.6 %	name was named a la proposition de la p
Stroke(CVA)	6	1.8 %	Elleron, 18 de Barto I de de Bondo I. La selecado I de secución de como como il como de La debe de deposito de Elleron i 18 de Barto I de de Bondo II. La selecado I de Secución de Como Como Como Como Como Como Como Com
Traffic accident	17	5.0 %	enne tittu kungtur inne att einem stilleren bleve eine eine kristelische
Transfer/Interfacility/Palliative Care	44	12.9 %	سمو دوستمره ، ماه پاوستان ۱۹ ماه پاهسترها که درازدند د و دستناست و در به پنشستان در خوستندست و در او پنتیب
Traumatic injuries	14	4.1 % o	SIVAN INDESSIN IN DESEMBLASIONALA DESEMBATION (ADMINISTRACIONAL PARTICIPATION (ADMINISTRACIONA
Unconscious/Fainting	14	4.1 %	
Unknown Problem Man Down	9	2.6 %	ما يا دو في سار مساحة و د مشاهدة هر دي ودي ما و المشاهدة المارية هر و الرواز مراه در المساسد بالراج و و در ويوشود
Unknown Problem/Man Down	8	2.4 %	lainkirida koos tahankii hirakii Aodiki lailii hammuyyysi kunavi h
Total Number Of Patients			acceptance and the second seco
Patient Age Analysis	responsability (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second s	1664AWIPHARING HARING AND HEROLD IN THE CONTRACT AND A STREET AND A ST
18-35	49	14.5 %	AUCONDOCUSIANÉ A COCIÓN DE LA CASTA COMO A COCIÓN DA PARA DE COCIÓN DE LA COCIÓN DE COCIÓN DE LA CASTA COCIÓN DE COCIÓN DE LA CASTA COCIÓN DEL CASTA COCIÓN DE LA CASTA COCIÓN DEL CASTA COCIÓN DE LA CASTA
come accompanie accompanie de companie de la facilità del facilità de la facilità de la facilità del facilità de la facilità del la facilità del la facilità de la facilità	106	31.5%	oma likot milikora aktalia arasiti talifiki milikoliki 10 (172 d 1934) (Sakto Sakto Sakto
36-65	OCCUPANTION OF THE OWNER OWN		nggap pransip mangan malaman na nggan dishirini na maran pahisin ka
65+	146	43.3 %	aanigaagaannanjaa saaqaamust saabuusaavat baannaavit aaliidustaa tasuultista biilisusaatsaa
Less Than 18	36	10.7 %	emus hermagas efensifiskeleterskus undreke i Dekilde held littlike i Hamaksa le
Patient Gender Analysis			

Male	143	42.4 %	
Patient Ethnic Analysis	andere of physical extra plane are a greated from the first for 2 dark board of the training HI I state phone	å Statistisvallet i krave, proges 14. i 1444-kepterjer i til 1944 i 1844 i 1844 i 1844 i 1844 i 1844 i 1844 i 1	
Black	53	15.7%	materia de como dos como dias de la cida de la cida de la cidad
Hispanic	14	4.2 %	ggy y spirifykk man oddosk a derform i kalt toekske teilde fordeald falled filkhodiael
Other	2	0.6 %	gama de el comerciona la cercia de el comerciona de la estaciona de la laborar de el comerciona de la el finer e
Unknown	And the state of t	0.3 %	
is the property of the process of the first	267	79.2 %	aan oog ransomaannan omensen van deus erapskyl sykkeyt de hykkejins jaar gal dykkest de geksjinste
White	LO 1		
Patient Pre Existing Conditions	s Analysis	темик поэмплек каранты побивленны карануу куруу карануу мунуу каран карануу каран карануу каран карануу каран	<u></u>
22 weeks pregnant	1	0.1 %	denthry year house of a shifted at the broaded 1998 MICE of a MAPPING AND PROPERTY STREET, 1997
A-Fib	15	2.1 %	ilitaan katamida virinus VC reteletti Vohtava Mikelje I vi arguussa kunsussus.
Abruptio Placentae	T	0.1 %	omonomisto sia modi limitem (4415-2445-51) esperificación (440-445-51)
Acid Reflux / GERD	2	0.3 %	prigripping places proportionals recommend of many and places and the Mandach and a self-trained
Addison's disease		0.1 %	engry (Privatel Aggres (III VA) (II 1894) (II MANAN M. Di Private International Aggres (III Aggres (II
Alcoholism	9	1.2 %	
Alzheimers disease	10	1.4 %	Market Maranet Statement
Anemia, sickle cell		0.1 %	mater) (Menn (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)
AnGER	1	0.1 %	para para la compositiva de la compositiva della
Anxiety	21	2.9 %	me (1) f Mel, me fagi en alternaturen i ferran mir mentantu alutikan de terralen de pertantura (pertantura (ter
Arthritis	1	0.1 %	(Nga 4) Nga ay ay ay ay ay an an ann an
Arthritis, osteo	4	0.6 %	inger (j.) jejojaj jejojama AA dealakka ka i i i i i i i i i i i i i i i i
Arthritis, rheumatoid	4	0.6 %	ment (sjork) (Alski (1914-1914)) (Alski (1914-1914) and a standard charles in See just)
Asthma	20	2.8 %	processor processor strength for the company or an administration of the state of t
Back pain	4	0.6 %	na delimentermentalisti en el la l'establică de del establică de del establică de l'establică de l'establică d
Behavioral / Psych	L	0,1%	
Bell's Palsy	1	0.1 %	elle filst varant her sammer eggevappytypaggappytybaldel a two-samtelybiske en
Bi-polar State of the state of	Section of the sectio	1.1 % 	annual lawrons in consultation on the latest the description of the latest terms of the consultation of th
BILATERAL KIDNEY TRANSPLANTS	1	0.1 %	
Bipolar	2	ailaanhikkida eki kikidi dinada ana angan ja	a prija nje programa da maluma i ka mala kritika di kopa par sa i danakan, ana pantara na manga para na panga
Blood clot	I	0.1%	marye ecenii mir a la karenne yeşeyeyter qoʻr e e e e e a Migaril e e a qezilekt ena e illa ka kiri
Bowel Obstruction	1	0.1%	المناوا والمناطقة والمستواف مواجه فالمناصر مشدانت مداه والمناورة والمناطق والمناطقة والمناطقة والمال
Brain anurism	1	0.1 %	gamella annaman lana terikan mengendika diperbejah ped desigi pepel pemelang tanah sahanyi sa
Brain bleed	1	0.1~%	ungura ja rapopusaanimussa seransususus kundusikki kauku unkundusuki kikki kikki kiki elite elite.
BRAIN SURGERY	3	0.4 %	an ilijaja kaj kan maja personanan erdan menerala i maja maja personanan artik menanta kendin menerala kan men
Brain tumor	T	0.1%	and the second section of the section of th
BREAST CANCER	CHARLES TO CONTRACT OF THE PROPERTY OF THE PRO	0.1%	name prompagnition of the comment of the control of
CABG	T	0.1%	monta i ina citta khome di nasora kelepi pa tu etnipi dija yakih akilira na dipa akir ki remilikebi di anc
CAD	3	0.4 %	nggy pagagagan kanggaran pamangan sa sanan na na manar ak saman ak samah bali sa bishi sa bishi sa banda sa ba
Cancer	17	2.4 %	onama lahadi izkundi ikishinkikkiladi ali beranga (delanga anga peranga peranga peranga per
Cardiac	47	6.5%	are property of the composite terms to a real-location of the first safety for terms had been
Cardiac stent	1	0.1 %	The state of the s
CELLULITIS	1	0.1 %	and to the second section of Asymptotic Asymptotic second representation by an experience for exercise as system
CHF	23	3.2%	and the second state of the second

Chronic Back Pain	1	0.1 %	
Chronic Back Problems	1	0.1 %	HANNEN HVI STANDEROOK III HAN II HAN SII MAN SII WARAN OO
Chronic Hip Pain	1	0.1 %	l New Manufacture of the State Order State of Astronomy Astronomy and State of Astronomy Company (Astronomy Co
Chronic Pain	2	0.3 %	razzazan Akultural beshirk (1991) eta bilan iza padada Lazanton Arean Atzanoul Bard at 1991).
COPD	52	7.2 %	reconstructional limits behalved reconstruction of the construction of the constructio
CVA	13	1.8 %	тума, достойный старых и изихования выполня на подава на выполня выполня выполня выполня достойный и изичения
Defibrillator	1	0.1 %	Пования равачи разримирую пред тивне в чествення в пова в невой в пова в невой в невой в невой в невой в невой
Dementia	18	2.5 %	t principality graded hamalated a standard and considerated formula kinesia i (sekabba/1966) (Ha 9 BRINDA/19 198
Depression	17	2.4 %	(New 2017-03) Tests VII mustabell yn mae'r meneu er strone er am rigger priffere, de plingeple menet a tronen a tronen a
Diabetes	3	0.4 %	THE STATE OF THE S
Diabetes type 1	11	1.5 %	trium nowa nomini banungky wa pakawa a rajajari piyaya piyak didi diri hi kalaba ka sana mananga wa ngaya wa paga
Diabetes type 2	45	6.2 %	AND
Dialysis / Renal Failure	8	1.1 %	record by annual metal works (CN) and University (Mark M. Historia M. Harris II. (Harris II. Anni Arrives and
Drug abuse	2	0.3 %	ann ann an Thairt i Landschaufen na ann am 1900 an Indie (1977 20 m) ann ann an 1907 an Ann an 1918 (1918).
DVT	2	0.3 %	ak andre samman kan nan salid kal selemba lakidari kat ball pril Hiller fridderi Henry II (1977).
Ear Infection	1	0.1 %	TELEGORIA SERVICIO CON CONTRACTOR DE CONTRACTO DE LA CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR DE CONTRACTOR D
Emphysema	2	0.3 %	K (II) telef (
EPILEPSY	2	0.3 %	lishamada di lisakat eta 1800 di katang papanjangan pangangang serjangan apanda tahun di memendapan di katanga
Esophageal Reflux	2	0.3 %	
Fibromyalgia	1	0.1 %	novado, kai kaiki kai dada kaisa kaisa kaisa kai kai kai kai kai kai kai kai kai ka
Gall Bladder Surgery	1	0.1 %	THE RESIDENCE OF THE PROPERTY
Gall stones	2	0.3 %	n transfer and a second constitution of the seco
Gangrenous ABD/GROIN	1	0.1 %	Trockets and Calculation and the Fill from 100 de Sept Market History 110 (August 1924) and 1924 and 1
GERD	3	0.4 %	Distribution of the latest transfer of the second s
Headache, Migraine	1	0.1 %	Hermon Persimalitan references i berkinga i beresi ingrebjevan penjanjara penjanjara sufari orani erani pira silama meneman
Heart ablasian	1	0.1 %	A Colombia State of State in the contract of the Colombia State of
Heart valve defect	1	0.1 %	NA (1984-14-VANNESSAM) (Proposition for the Spring of Fridancia of Fridancia of Spring Order (1884-1884) (Asserted by National Conference of Spring Order (
Hemorrhoidectomy	1	0.1 %	and the second control of the second deposit incidental
Hepatitis C	3	0.4 %	
High Cholesterol	2	0.3 %	
Hip injury	1	0.1 %	, and the second second second to be second to the second
HIV	1	0.1 %	
HTN	38	5.3 %	A black to the real two relations (16 th Accessory of the 1997 of
htn ,	Throughout the Barrier of Marie Columns	variante, y paris paris y de primera en en encado de moderna de la companió en el miniód el fera mente.	ng - gang gang gang gang gang gang gang
hyperlipidemia,cva,arthritis,depression	on l	0.1 %	
Hypercholesterolemia	1	0.1 %	A STATE OF THE STA
Hyperlipidemia	2	0.3 %	HV bladd benddonalda'n il blad Antologia Mikillo (nil bladd pri Argenter pri personana a "anno a "an an an an a
Hypertension	74	10.2 %	returning is the second from the literal of the definition to the literal of the
Hyperthyroid		0.1 %	gan gan gapangkan naggapang iy dinan gan nagah salah saka dinah bandan dinah d
Hypoglycemia	1	0.1 %	a temaka kendalansu amada la filminiskan da kalada katan da 400 del 10 (1990) 1990 1990 1990 1990 1990 1990 19
Hypotension	1	0.1 %	
Hypothyroidism	1	0.1 %	putandundud di dididiri rebinishi diri (butu tersepa 14 dan 14 da) di didina pamada termeta terse berbina bers
IDDM	2	0.3 %	MITTER CONTINUES AND
IMMUNODEFICIENCY	1	0.1 %	Milliol II and University of the contraction of the physical production of the production of the contraction
insomnia	1	0.1 %	repeated and an agree of the place for the property of the place of th
angas tagas (Adalah tahén ana lahan tanda dan perpanya perpanya pengapanya pagapanya pagapanya pagapanya pengapanya	rhambridaning spiriting are are a	narral securit of lectricards 14 december group appears (4-24-24-24-24-24-24-24-24-24-24-24-24-24	waarisa naanawa waliis delaad lohad Bahda bahdi Adaw Hilloh Hilloh Hilloh Ade-Asia Adi Pellisti taliooda ee jara

irregular heart rate	1	0.1 %	
Kidney disease	<u> </u>	0.1 %	
Kidney Stones	1	0.1%	d laun
Knee replacement	1	0.1 %	******
Liver disease	1	0.1 %	
Mental Retardation	2	0.3 %	ny taona
MI	12	1.7 %	
Migraines	1	0.1 %	*1****
MORBID OBESITY	1	0.1 %	
MS	oranian ha katarara papurana da kataran larahahili (da katara) 3	0.4 %	1,01 30,00
MuLTIPLE SCLEROSIS	indulary (along (s) (Amary (Amar) in Amar) (arrangemental last)	0.1 %	Halle
Neuropathy	3	0.4 %	mann'
NONE	54	7.5 %	
Osteoarthritis	gggggagagagaan arannada arbii lan lababbaan bii istii bir istiin baran b	0.4 %	
Osteoporosis	2	0.3 %	MI PPI-
Ovarian cyst	1	0.1 %	wiene
Pacemaker	10	1.4 %	*********
Pancreatitis	5	0.7 %	a leur
Panic Disorder	11 1000 11 1000 1100 1100 1100 1100 11	0.1%	P1-10-2-
Parkinsons	3	0.4 %	olednosti.
Pneumonia	3	0.4 %	ad form
Polio	#4* 1	0.1 %	
Pregnancy	2	0.3 %	Legaçeste
Premature Birth		0.1 %	a dinge
PreVIOUS MISCARRIAGE	1	0.1 %	MITTER.
Psych	2	0.3 %	jan, kenja
Psychiatric	3	0.4 %	
Renal Failure	8	1.1 %	***************************************
Right lung cancer	1	0.1 %	Level.
Schizophrenia	4 4	0.6 %	
Sciatica	The state of the s	0.1 %	orie irin
Manager all information and accompany manager in the interpretation of the interpretatio	18	2.5 %	
Seizures	1	0.1 %	Melione
Smoker	3	0.1 %	
Spinal Fusion		0.4 %	rjraganaa
SPINAL STENOSIS	property of the section of the secti		· salimara
staph infection	1	0.1 %	
Stents	1 .	0.1 %	. electronic
Substance Abuse		0.1 %	vanie auto
Substance abuse (heroin)	dienne tod skeedskyl limethylere minne kan en	0.1 %	
SVT	Annual of the state of the stat	0.1 %	delament.
Thyroid		0.1 %	l lannarad r
	4	0.6 %	a bellevis
Transient Ischemic Attack	2	0.3 %	Apriliation -
Triple bypass		0.1 %	Fleelahalas
	1	0.1 %	/1471 P4W-V

,

Unknown	11	1.5 %	entid Middilletill indicate lake held tedalenders grannen ar a hanne grann
UTI	1	0.1 %	NATURALISISMA AMBERITA IIMATERI PANERISI PANERIS
Patient Primary Illness Assessment	Analysis	commercial concentration (A) (Selection) (content of the selection (co	264
Abdominal pain/problems	20	7.6 %	ndydd y e Geneddfellod far blindymhannd aithid au Chairmy Leid Dymiodd Airthell.
Airway Obstruction	1	0.4 %	appl (1999) 1994, it imposs to so the site of a distributed from the
Altered level of consciousness	12	4.5 %	erecht Petri bezieheren derbil ist ihreiten und del inf trositionen destas
Behavioral/psychiatric disorder	9	3.4 %	
Cardiac arrest	6	2.3 %	
Cardiac rhythm disturbance	2	0.8 %	And the second s
Chest pain/discomfort	21	8.0 %	Control of the Second Association of the Second of the Sec
Diabetic symptoms	4	1.5 %	THE STATE OF THE S
Hypovolemia/shock	1	0.4%	III PI INNII IN 440 II INII INII INII INII IN
Poisoning/drug ingestion	8	3.0 %	di (a f. 1. Alembro 4. e en 1960 e e en entre en 1860 e en e
Pregnancy/OB delivery	I to the state of	0.4 %	neman kandar ilinka artikka keri bekeri fili ilincisk kri iskunisk artiska i 1985-1981 (si
Respiratory Arrest	T	0.4%	III IO TANNI INA, CATANI IN ANTANIA IN PARAMENTANIA IN INDIANI INNO INNO INNO INNO INNO INNO INNO
Respiratory Distress	28	10.6 %	المارية (1444 المارية ا
Seizure	7	2.7 %	Medical tel licentendar en deservolisje-en en en en en en
Stroke/CVA	3	1.1%	nada, ikaren, sakar en kendere errerda, en bestenda, bekerer, urbakti sveret til fr
Syncope/fainting	9	3.4%	un em a canada (quantum (a la consacione). El en el Talmanem a hebbras el Levitorel
Vaginal hemorrhage	I.	0.4%	Walled Pelastradi (Perdepone) will make a common Pelastra proper construction to
Other	129	48.9 %	enne arrennado, e e maio, e e se e mes fuel himmer la conservar faros, a de lididad.
Unknown	1	0.4%	AND CONTRACT CONTRACTOR CONTRACTO
Patient Primary Trauma Cause Ass	TO CONTRACTOR	A va a l'avoir	46
Bites	2	4.3 %	china materia per instituto de china seconda con constituto de constitut
Blunt/Thrown Object	1	2.2 %	2 e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.
Falls	21	45.7 %	ромно турсу уурумун а Сет амен тогалагын колонын Петен да атылган Патен
Machinery Accident	3	6.5 %	AN HENNEWARKERSCHLEIGENVOCKT ISCH I HENNENWICKERSCHAFT HENVELCEGE.
Motor Vehicle Crash	5	0.5 / 6 	The second secon
Motorcycle Accident	A PROPERTY OF THE PROPERTY OF	the American Annia and American Investor with the Committee of the Committ	als 16-16-68 (4F 16-FFF (4-T-16) 180-64 (T-1) (4-T-16) (4
		2 2 6/2	
A COLUMN TO THE PROPERTY OF TH	1	2.2 %	mi orazoniem kiel omioce sa monomier (il izm. Mikrosliko sakrajaj matoj) kraj (m. 141. a) (m.
Other	7	15.2%	
Other Stabbing/Cutting Accidental	7 	15.2 % 2.2 %	
Other Stabbing/Cutting Accidental Unknown		15.2%	
Other Stabbing/Cutting Accidental Unknown Procedures Administered Analysis	7 1 5	15.2 % 2.2 % 10.9 %	1496
Other Stabbing/Cutting Accidental Unknown Procedures Administered Analysis 12 Lead ECG-Transmitted	7 1 5	15.2 % 2.2 % 10.9 %	
Other Stabbing/Cutting Accidental Unknown Procedures Administered Analysis 12 Lead ECG-Transmitted Airway position - head-tilt chin-lift	7 1 5 2 1	15.2 % 2.2 % 10.9 % 0.1 % 0.1 %	
Other Stabbing/Cutting Accidental Unknown Procedures Administered Analysis 12 Lead ECG-Transmitted Airway position - head-tilt chin-lift Airway-CPAP	7 1 5	15.2 % 2.2 % 10.9 %	
Other Stabbing/Cutting Accidental Unknown Procedures Administered Analysis 12 Lead ECG-Transmitted Airway position - head-tilt chin-lift Airway-CPAP Airway-King LT Blind Insertion	7 1 5 2 1	15.2 % 2.2 % 10.9 % 0.1 % 0.1 % 0.1 %	
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Cervical collar application	11	0.7 %	magraphe in the control of the contr
Cold pack application	4	0.3 %	ունույցությունը բողառում բողարը բողարորը միջաբոր արտարությամից ամի իրկմիան և բոլանան հետա
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Moved by manual lift/carry	41	2.7 %	an ann an train agus al ann an
Moved by stairchair	19	1.3 %	ээндэн нь жармалын и гаян шахалага көн поэц болдогда грөөдэг голдог төгөлөг
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Patient Loaded	32	2.1 %	
Patient Off-Loaded	32	2.1 %	
Position Pt - modified trendelenberg	2	0.1 %	
Position Pt - semi-fowlers	1	0.1 %	
Pulse Oximetry	81	5.4 %	
Sling	1	0.1 %	
Spinal immobilization	7	0.5 %	
Splint - extremity	2	0.1 %	
Splinting-Basic	1	0.1 %	The second secon
Temperature Measurement (Tympani	c) 22	1.5 %	
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Medications Administered Anal	ysis	Non-control of the Control of the Co	255
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Aspirin	17	6.7 %	
Atropine sulfate	2	0.8 %	

Dexamethasone sodium phosphate (Decadron)	6	2.4 %		
Dextrose 50%	3	1.2 %		
Epinephrine HCL (1:10,000)	4	1.6 %		and the control of th
Glucagon	1	0.4 %		
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Intravenous electrolyte solutions Lactated Ringer	2	0.8 %		Delinaries de la contraction
Intravenous electrolyte solutions Sodium chloride	45	17.6 %		
Ketorlac (tordol)	1	0.4 %		Installab Menalem Llab
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Nitroglycerin spray	19	7.5 %		
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No Patient At Scene	The same and some quee	AJOA KIKAY KIKAY DARAS GOOD STARS ISONY KIYAY PAGG	6	1.76
Patient Care Reports:				337
Illness Related:		PR. K. K. B. M. K. B. R. G. B. C. G. B. G.	264	78.34 %
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ORDINANCE	NO.
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AN ORDINANCE REQUIRING INSURANCE COVERAGE FOR PERSONS CONDUCTING SPECIFIC EVENTS ON CITY FACILITIES OR CITY PROPERTY

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970;

WHEREAS, from time to time persons and not-for-profit organizations request permission to use City facilities, such as City-owned buildings and City-maintained public rights-of-way, for events; and

WHEREAS, the Granite City City Council finds where an event involves alcohol on City facilities, the event hosts should obtain liability insurance protecting the City; and

WHEREAS, the Granite City Council finds where an event involves money changing hands inside a City-owned building, the event hosts should generally provide liability insurance coverage for the City; and

WHEREAS, the Granite City City Council finds events that take place entirely outdoors, and which do not involve alcohol, should generally be exempt from any requirement of insurance under this Ordinance.

Now, therefore, be it Ordained by the City Council of the City of Granite City, IL, as follows.

There shall be added to the Granite City Municipal Code, the following section 9.03.030.

1. 9.03.030 PROOF OF INSURANCE FOR PUBLIC EVENTS

- A. For purposes of this Ordinance, the following definitions apply.
 - 1. "Public Event"
 - a. Any event allowing the delivery, sale, supply, or consumption of any alcoholic beverage on City property or on public rights-of-way within the corporate limits of the City of Granite City, is a public event. In addition,
 - b. Any event is a public event which takes place in whole or in part indoors, in a building or structure owned by the City of Granite City, where fees for goods or services are charged or where donations are solicited during that event, inside or at the door of the City-owned building. However,
 - (i) an event where a movie or film is shown within a City-owned structure built and designed for the purpose of showing films and movies, is exempt from the insurance requirements of this section; and
 - (ii) a block party, sponsored and hosted by a church, by a charity, or by an unincorporated association of residents of Granite City, is exempt from the insurance requirements of this section; and

- (iii) The Office of the Mayor has the authority to issue to the host of any public event who timely applies before the event, an exemption to the insurance requirements of this section.
- 2. "City Facilities" includes City-maintained rights-of-way and the interior of any public improvement, building, or structure, owned by the City of Granite City.
- 3. "Host of Public Event" includes any person, corporation, not-for-profit organization, individual, organization, or entity, that organizes, hosts, promotes, produces, or seeks City approval of or a permit regarding, a public event in or on City facilities, in the City of Granite City.
- 4. "Event" any meeting, assembly, cooking, party, celebration, performance, musical production, or other function, whether open generally to the public, or by invitation only.

B. INSURANCE FOR PUBLIC EVENTS

- 1. No host of a public event shall organize, promote, produce, receive a permit regarding, or otherwise host the public event, without complying with all requirements of this Ordinance.
- 2. A host of the public event shall, at least ten days before the public event, provide documentation to the Office of the Mayor or to the Office of the City Risk Manager, that the public event is covered by comprehensive general liability insurance coverage, naming the City of Granite City as additional insured. The comprehensive general liability insurance coverage shall be in an amount no less than \$1,000,000 in coverage. The deductible on that comprehensive general liability coverage shall be no greater than \$50,000.
- 3. no person shall host a public event without first obtaining comprehensive general liability coverage, in an amount of at least \$1,000,000 in coverage, and with a deductible no greater than \$50,000, naming the City of Granite City as additional insured. No person shall host a public event without maintaining said comprehensive general liability coverage throughout the term of the public event.

C. PENALTY

Any host of any public event that fails to fully comply with this Ordinance shall be deemed guilty of a misdemeanor and subject to a fine of up to \$750 for each day the event takes place.

D. <u>SEVERANCE</u>

82328

It is not the intent of this Ordinance to restrict any peaceful exercise of first amendment rights, such as assembly and free speech, whether in a public meeting, parade, or otherwise. Nothing in this Ordinance shall be interpreted to prohibit or discourage peaceful assembly, parades, informational picketing, spontaneous or organized freedom of expression, or any other right protected by the first amendment to the U.S. Constitution. In the event any court of competent jurisdiction should find any provision of this Ordinance unenforceable, said provision shall be deemed severed and stricken from the rest of this Ordinance.

	his Ordinaı e City Clerl	nce shall take effect upon passage, and may be published in pamphlet form by the Office :.
	PASSED	by the City Council of the City of Granite City, Illinois, this day of May, 2015.
APPR	OVED:	Mayor Ed Hagnauer
ATTE	ST:	City Clerk Judy Whitaker



Office of Risk Management

Lynnette Kozer, Risk Manager Granite City, IL. 62040 JUDY J. WHITAKER RECEIVED

MAY 1 2 2015

CITY CLERK'S OFFICE GRANITE GITY IL

1/1/15 - 5/13/15

Worker's Compensation, Liability, Property Reports

Lost Time

		First Day	Days		Light		
Employee	Depart.	Off Duty	Off	Acc. Date	Days	Incident	Treatment/Injury/Body Part
Atchison, D	Police	4/26/2013	382	09/03/09		Auto accident	Neck injury, surgery
Davis, P	P.W.	4/28/2014	209	4/28/2014		Lifted trailer to replace pin	Shoulder surgery
Shortz, D	Fire	11/18/2014	8	11/18/15		Fell handling charged hose	1st Shoulder surgery
Larsen, L	P.W.	1/22/2015	2	01/22/15		Fell from ladder	Bilateral Knees
Sykes, C	Fire	2/6/2015	69	2/6/2015		Turning to grasp fire hose	Back
Schroeder, H	P.W.	2/9/2015	46	02/09/15		Hit pothole in alley	Neck
Schaefer, J	Police	3/10/2015	14	3/10/2015		Subduing Suspect	Multi-Body Paris
Blaylock, J	Police	3/10/2015	14	3/10/2015		Subduing Suspect	Multi-Body Parts
Varga, L	Police	3/18/2015	3	3/18/2015		Subduing Suspect	Multi-Body Parts
Shurtz, D	Fire	3/23/2015	8	11/19/15		Fell handling charged hose	2nd Shoulder surgery
Pedigo, M	P.W.	5/8/2015	2	05/08/15		Tripped on Jet hose	Elbow, knee, neek
Blaylock, J	Police	5/12/2015	2	3/10/2015		Subduing Suspect	Multi-Body Parts

Currently Off Duty

Light Duty

		First Day	Days		Light	•	
Employee	Dept.	on Light	Off	Acc. Date	Days	Incident	Treatment/Injury/Body Part
Sylces, C	Fire	2/6/2015	68	2/6/2015	20	Turning to grasp fire hose	Back
Shurtz, D	Fire	2/9/2015	25	11/18/15	30	Fell handling charged hose	1st Shoulder surgery
Varga. L	Police	3/23/2015	3	3/18/2015	16	Subduing Suspect	Multi-Body Parts
Schaefer, J	Police	3/30/2015	14	3/10/2015	23	Subduing Suspect	Multi-Body Parts
Blaylock, J	Police	3/30/2015	14	3/10/2015	11	Subduing Suspect	Multi-Body Parts
Shurtz D	Fire	4/2/2015	30	11/18/15	16	Fell handling charged hose	2nd Shoulder surgery

Currently on Light



Office of Risk Management

Lynnette Kozer, Risk Manager Granite City, IL. 62040

Page 2

1/1/15 - 5/13/15 Worker's Compensation, Liability, Property Reports

No Lost Time - Incident Only

Employee	Dept.	Date	Medical/1st Aid	Incident	Treatment/ Injury/Body Part
Nighohossian, G	Fire	6/30/2014		Repetitive Trauma, climbing	Bilateral knees
Schaefer, J	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Blaylock, J	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Varga, L	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Reynolds, L	P.D.	1/4/2015	No	Meth Lab	inhalation symptoms
Larsen, K	P.W.	1/22/2015	Yes	Fell from Ladder	Knee and Leg
Croxton, G	Police	1/28/2015	Yes	Rolling Hose	Foreign Body in Eye
Croxton, G	Police	3/16/2015	Yes	Bodity Fluid Exposure	Abrasion on Right arm
Laird, J	WWTP	3/25/2015	Yes	Poison Ivy	Multiple Body Parts
Brawley, N	WWTP	4/12/2015	Yes	Poison Ivy	Multiple Body Parts
Bastilla, D	Police	4/13/2015	No	Stepped on broken concrete	Ankle
Guffey, R	P.W.	4/14/2015	Yes	Laceration from nail	Hand
Hunter, J	Police	4/28/2015	No	Chasing suspect	Hamstring



Lynnette Kozer, Risk Manager Granite City, IL. 62040

Page 3

1/1/15 - 5/13/15

Worker's Compensation, Liability, Property Reports

Liability

Location	Date	Damages; Injury	Cost/Denial	Cause	Treatment/Injury/Body Part
2204 Johnson Road	01/04/15	Carpet, Furniture	denied	Sewer backup	None
St. Clair @ Willow	02/03/15	Property	\$ 4,145.00	 Guardrail struck	Owners insurance paid
Maryville, 162	3/20/2015			Manhole gave way	Groin Injury
1627 Amos	04/01/15	Property	denied	Salt from snow removal	Grass damage

Auto/Property

Location	Date	Dept./Property	Cost/Denial	Damages	Payment/Injury/Body Part
2703 Roosevelt	01/15/15	Property	\$ 300.00	Vehicle struck stop sign	Allstate Paid
Willow at St. Clair	2/3/2015	Guardrail	\$ 4,145.00	Vehicle struck guardrail	Country Financial Paid
Pontoon at Wabash	02/05/15	Stop Sign	\$ 150.00	Vehicle struck stop sign	Allstate Paid

RESOLUTION TO HIRE ELECTRIC RATE CONSULT ANTS

WHEREAS, the City of Granite City is a Home Rule Unit pursuant to Article 7, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City, as a municipal entity, uses electric power in providing to its residents the services and amenities of a municipal government; and

WHEREAS, the City of Granite City, like other significant consumers of electric power in Illinois, expects to experience a significant increase in the rates and amounts it pays for electricity; and

WHEREAS, the City has the opportunity to negotiate and secure electric power and energy from third party suppliers; and

WHEREAS, the City and attorneys representing the City, in obtaining a supply of electric power and energy, will need support from rate consultants in negotiations; and

WHEREAS, the City previously hired Brubaker and Associates as electric rate consultants, per Resolution. passed by the City Council January 15, 2008, and again in a resolution adopted May 3, 2011; and

WHEREAS, Brubaker and Associates of St. Louis, Missouri, has for decades advised large consumers of electric power in negotiating rates, opposing rate increases before the Illinois Commerce Commission, and otherwise advising significant consumers of electric power in Illinois, in their acquisition of electric power and energy.

Now, therefore, be it hereby resolved that the Office of the Mayor is authorized to hire Brubaker and Associates, at the attached rates, to advise and represent the City of Granite City in securing its electric power and energy supply. Passed this ______ day of May, 2015.

securing its electric power and ene	ergy supply.	Passed this	day	of May, 201	5.
	Approv		ayor Edward H	lagnauer	
ATTEST:					
C'+ Cl + Y + YVI '+ I	·				(0.406.0
City Clerk, Judy Whitaker					62426.2



Brubaker & Associates, Inc. PO Box 412000 St. Louis, MO 63141-2000 Tel (636) 898-6725 Fax (636) 898-6726



Powerful Connections For Energy Solutions

Physical Address
16690 Swingley Ridge Road
Suite Number 140
Chesterfield, MO 63017

Via: E-Mail

May 8, 2015

Mr. Scott Oney Comptroller, City of Granite City, Illinois 2000 Edison Street Granite City, IL 62040

Re: Energy Consulting Services - Electricity Procurement

Dear Scott:

On behalf of Brubaker & Associates, Inc. ("BAI"), we appreciate the opportunity to submit this proposal to assist the City of Granite City ("City") in seeking new electric supply arrangements for service beginning at the end of the current contract, in July of 2015.

This proposal is for the following services:

- · Summarize historical usage data;
- Prepare a solicitation of electric supply offers from the City's current supplier and at least three other suppliers active in the Ameren Illinois Company territory;
- Evaluation of the electric supply offers, including both the economic evaluation of the contracts on a total cost basis to the City and a business evaluation of the contract terms and conditions, including a comparison to the applicable Ameren Illinois Company supply rate;
- A recommendation for subsequent contract negotiations with one or two finalists;
- Propose contract revisions, as necessary; and
- Assist the City in monitoring the market, and providing recommendations as to timing
 of contract execution.

We estimate the cost of these services at \$7,000 to \$10,000, with a not-to-exceed cost of \$10,000, without prior authorization. This cost will cover our fees, at our standard hourly rates and direct pass-through of any associated expenses. The City will be billed only for fees and expenses actually incurred. Our current standard hourly rates are provided on the attachment.



Mr. Scott Oney City of Granite City, Illinois May 8, 2015 Page 2

Once again, thank you for the opportunity to submit this proposal to assist the City with its electric supply procurement activities. Brubaker & Associates, Inc. has enjoyed the opportunity to work with the City in the past and looks forward to furthering this relationship.

Regards,

BRUBAKER & ASSOCIATES, INC.

Robert R. Stephens

Robert R. Stephens

Attachment

'\doc\shares\prolawdocs\sdw.10081\letter\278868.docx



BRUBAKER & ASSOCIATES, INC.

HOURLY RATES

AS OF JANUARY 2015

Principals	\$180 - \$350 per hour
Associates	\$165 - \$200 per hour
Consultants	\$100 - \$165 per hour
Analysts and Specialists	\$90 - \$135 per hour

Note: BAI reserves the right to periodically adjust its hourly rates as circumstances may warrant. This would not affect the total cost of projects with specific budgetary limits.

RESOLUTION TO HIRE SPECIAL COUNSEL TO ASSIST THE CITY IN NEGOTIATIONS AND CONTRACTING FOR ELECTRIC POWER SUPPLY

WHEREAS, the City of Granite City is a Home Rule Unit pursuant to Article 7, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City, as a municipal entity, uses electric power and energy in providing to its residents the services and amenities of a municipal government; and

WHEREAS, the City of Granite City, like other significant consumers of electric power and energy in Illinois, expects to experience a significant increase in the rates and amounts it pays for electricity; and

WHEREAS, the City of Granite City has the opportunity to secure electric power and energy from third party suppliers.

WHEREAS, Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, has for decades advised and represented large consumers of electric power in negotiating rates, opposing rate increases before the Illinois Commerce Commission, opposing rate increases in the courts, and otherwise advising significant consumers of electric power and energy in Illinois, in their efforts to acquire electricity; and

WHEREAS, Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, of
Granite City are the only Attorneys in the County of Madison with decades of experience in the
area of electric power and energy supply; and

WHEREAS, the City of Granite City so hired Mr. Robertson and his Law Firm by Resolution adopted January 15, 2008, and again by Resolution adopted May 3, 2011, to represent the City in negotiations for electric power contracts; and

Now, therefore, be it hereby ordained, decreed, and resolved that the Office of the Mayor is authorized to hire Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, to advise and represent the City of Granite City, in negotiating and contracting for its supply of electric power and energy. Mr. Robertson and said Law Firm shall be reimbursed for their services at the same rate of \$150.00 per hour, plus reasonable expenses actually incurred.

Approved this	day of May, 2015.		
		Notary Public	
	Approved:		***************************************
ATTEST:		Mayor Edward Hagnauer	
City Clerk, Judy Whitaker			

62427.2

RESOLUTION

WHEREAS, The City Council of the City of Granite City, on the 6th day of May, 2014, adopted Ordinance 8423 approving the TIF Grant Guidelines adopted for the Downtown Redevelopment Project Area, and

WHEREAS, City Ordinance 8423 established the Downtown TIF Grants Program for the purpose of assisting local business owners in the Redevelopment Project Area with façade improvements, bringing buildings up to code and other permanent building improvements, and

WHEREAS, On August 6, 2014 the City received a grant application from Tank's Training Facility ("the business"), attached, requesting financial assistance with façade improvements to the property at 1908 State Street, which is within the Redevelopment Project Area, and,

WHEREAS, the Granite City City Council previously approved a grant of \$4,246.80 in November, 2014 for improvements to the same Facility.

WHEREAS, The Downtown TIF Grants Committee recommends approval of the businesses grant application in the amount of \$4,890.00, which will not exceed \$10,000 total, when added to the grant awarded said Facility in 2014; and,

WHEREAS, On April 28, 2015, the project as presented in the grant application was approved by the Granite City HARC Board as required by Ordinance 8423, as to proposed improvements to windows and doors only.

NOW THEREFORE, BE IT RESOLVED, by the City of Granite City Council as follows:

- 1. The Redevelopment Agreement with Tank's Training Facility, a copy of which is attached hereto, be and the same is hereby approved, with a grant in the amount of \$4,890.00, for the improvement of windows and doors only, at the 1908 State Street property.
- 2. The Mayor of the City of Granite City is hereby authorized and empowered to execute said agreement.

PASSED by the City Council of the City of Granite City on this 19th day of May, 2015.

APPROVED by the Mayor of the City of Granite City on this 19th day of May, 2015.

(SEA	L)
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CITY OF GRANITE CITY, ILLINOIS

	By:	
	Mayor	
Attest:		
City Clerk		83669

City of Granite City Downtown TiF Grant Program Application

Applications must be reviewed and a redevelopment agreement approved before the project begins. Reimbursement of costs for work completed prior to execution of a written agreement will not be made. If there is a significant change in the scope of the project after the application has been approved, the applicant must re-apply with the scope of the new project.

Economic Development Director

Jonathan Ferry

City Hall

Granite City, Illinois

Please submit application to:

Building Name (if applicable):

2000 Edison Avenue Granite City, IL 62040 618.452.6213
Applicant Name: JOHN CHRIS JAMEK Business Name: TANKS TO ATALING FACTLETY
Applicant Mailing Address: 2650 Edison AUENUE GRANITE CITY IL 6300
Applicant Phone Number: 618-531-6720 Email: tanks training facility @ yokoo.com
Federal Employer Identification Number (FEIN): 26 - 46 1 0278
Type of Business Entity:
☐ Individual ☐ Corporation ☐ Partnership ☐ Other:
l am applying for a \$ 10,000 PC Reimbursement Grant
Project Category (check those that apply):
Façade restoration
☐ ADA, life safety and other building code compliance related improvements
☐ Other permanent building improvements

Building Address: 1908 State Street, Granite City, IL 62040

~ł¢	ow is the title held to the property?
<u> </u>	Individual ☐ Corporation ☐ Land Trust
	Partnership
1.	Name(s) of property owner(s): \[\int \tilde{C}_{HRSS}\tilde{T} \tilde{TAMERC} \] (All beneficial owners of a Land Trust, members of a Limited Liability Company and partners in a partnership must be listed.)
	Owner(s) phone number: 6[9-531-6720
	If the applicant is not the same as the current owner, explain:
2.	Building Data:
	Building square footage: 20,000
	Number of floors in building:
	Approximate year constructed
	Most Resent Real Estate Taxes Paid: Year Paid - 201 3
3.	Current Use: Vacant corrently.
4.	General Project Description and Proposed Use:
	Will turn this building into the premire training facility
	in the river and Mid-West. Cheute and terms from
	all surrounding cities will travel to dountour Granite City

1	
6 Who will over the property of	
6. Who will own the property? Thus "Chris" Taneh	
arom Chris 2 and	maaking sahamanishin maamanishi bilahiya dagaa karanta diga ahaa dagaa dagaa dagaa ahaa ahaa ahaa
7. Provide an estimate of the total number of jobs to be create	od or retained by the
proposed project:	110
. a. Present Number of Employees Full Time	NH Part Time N/A
	-5 Part Time 10-15
: \$150 and	the street of the
8. Total Estimated Project Costs: \$ 80,000 (attached a	detailed cost estimate
breakdown prepared by a licensed architect, engineer or co	ontractor)
9. Sources and Uses of Funds	
Alexander and the second and the sec	Owner
Project Component TIF Grant Bank Lo	
Façade Improvements \$ 10,900 \$ 5000.	
ADA. Life Safety and other Building	
Code Related improvements \$ \$ 5000 Other Permanent Building	\$ 5000 *- \$ -

			25 44 12 CT	
Project Component	TIF Grant	Bank Loan	Equity	Other
Façade Improvements	\$ 10,000	\$ 5000.00	\$ <u> </u>	
ADA, Life Safety and other Building	7	I gardings		
Code Related Improvements	\$ \$	\$ 5000	\$ 5000 \$ \$	
Other Permanent Building			····	
Improvements	\$15,000	\$ 59,000	\$ 15,000	
Total	\$ 25,0000	\$ 69 000 =	\$ 20,000 \$2 \$	
		1,		

of taking ownership. The other 1/2 will be complete as the west year or so romes. This is a hose project and will be completed + be a great land monte for downtown grante city. Alot of traffic will be travely from around the area. Any questions please call me direct. 531-6720 Chris

10. Provide evidence that the A proposed project (attach an	•	cial ability to complete the its and/or evidence of available
equity)		
white was	itakin at 13	Mid American Credit He can give
Union. 618-	258-4525	He can give
_all Loan	i ifa.	<i>*</i>
The undersigned has applied for connection with the project des Granite City codes and ordinar of the Historical & Architectural information listed as application needed to review and consider By execution of this application conduct any and all credit historical	scribed herein. The applicant aces and comply with the guid Review Commission. The an attachments and any additional this request. The acknowledges are the checks it deems necessare.	agrees to abide by all City of delines and recommendations applicant agrees to furnish onal information to the City as ad consents for the City to by and appropriate.
A Children	Maner TTF	8/6/14
Applicant's Signature	Title	Date
(App)	licant – do not write below thi	s line)
Date Application Received:	Staff Signature	
		·
Recommendation of TIF Gr	ant Review Committee:	
Recommendation of TIF Gr Grant Amount: \$	ant Review Committee:	· ·
Recommendation of TIF Gr	ant Review Committee:	· ·
Recommendation of TIF Gr Grant Amount: \$	ant Review Committee:	· ·
Recommendation of TIF Gr Grant Amount: \$	rant Review Committee:	· ·
Recommendation of TIF Gr Grant Amount: \$ Remarks:	rant Review Committee:	
Recommendation of TIF Gr Grant Amount: \$ Remarks:	rant Review Committee:	

REDEVELOPMENT AGREEMENT

This Agreement is entered into on the date and by execution shown hereafter, by and between the City of Granite City, Illinois, an Illinois Municipal Corporation, (hereinafter referred to as the "City") and Tank's Training Facility (hereinafter referred to as the "Owner").

PREAMBLES

WHEREAS, the Owner owns the following described real estate (the "Property") located in the City of Granite City, Madison County, Illinois Tax Increment Financing ("TIF")

Downtown Redevelopment Project Area (also referred to as the "Downtown TIF District"), to wit:

[SEE EXHIBIT A - LEGAL DESCRIPTION]

Madison County PIN Number: 22-2-19-24-12-202-013.

Property Address: 1908 State St. Granite City, Illinois 62040

and

WHEREAS, the City wishes to encourage the Owner to make improvements to the building façade, comply with current building codes, and make other building repairs and/or remodeling of the building located on the above described property and costing approximately \$4890.00, as said project and detailed costs have been preapproved by the City Council,(the "Project"); and

WHEREAS, The Owner has demonstrated to the satisfaction of the City that, by reason of the work required on the property, the Project cannot be accomplished except at substantial extraordinary expense to The Owner; and

WHEREAS, It is the desire of the Owner to repair and rehabilite the subject property under the City's grant of authority pursuant to the Illinois Tax Increment Allocation Redevelopment Act, 65 ILCS 5/11-74.4, et seq. (the "Act"); and

WHEREAS, the City is authorized under the provisions of the Act to reimburse the Owner for certain redevelopment project costs in connection with redevelopment and other improvements within Downtown TIF District; and

WHEREAS, financing private building repair and rehabilitation is consistent with the objectives of the TIF Redevelopment Plan adopted for the Downtown Redevelopment Project Area, as amended by Ordinance No. 8005, adopted March 5, 2007.

NOW, THEREFORE, in consideration of the premises and agreements set forth below, the parties, for and in consideration of the representations relative to the proposed improvements of said real property owned by the Owner, hereby agree as follows:

- Section 1. The Parties agree that all of the recitals contained in the Preambles to this Agreement are true and correct, and said recitals are hereby incorporated into the Agreement as though they were fully set forth in this Section 1.
- **Section 2.** That the Owner shall promptly proceed with Project as fully described on Exhibit B attached, investing approximately \$4890.00 or more in said Project. All City Building Codes and laws of the State of Illinois shall be complied with by the Owner.
- Section 3. Upon completion of the Project and providing evidence of TIF eligible costs incurred and paid, the City will pay to the Owner a TIF Grant in the amount of \$4890.00, subject to the following conditions:
 - a. That this Agreement and the funds to be paid out accordingly, shall expire at the end of 12 months from the date of execution of this Agreement, or when the maximum amount stated above has been reimbursed to the Owner, or upon expiration of the Downtown TIF District, whichever occurs first.
 - c. That the completed Project complies with the plans preapproved by the City and has been inspected by the City Building Department for compliance.

- d. That the Owner will be reimbursed with TIF Grant proceeds for only building renovation, repair or remodeling costs incurred pre-approved by the City Council. City will not be obligated hereunder to distribute or expend funds for the Project except for the sole purpose of reimbursement to the Owner for Owner's payments of eligible costs, and not otherwise including payment of the City's current prevailing wage ordinance. No reimbursement shall be made for the Owner's, or Owner's family or employee labor, nor for unlicensed contractors.
- e. That the Owner shall submit to the Economic Development Director a written statement in the form attached to this Agreement as Exhibit C ("Request for Reimbursement") setting forth the amount of reimbursement requested and the specific redevelopment project costs for which reimbursement is being sought. Each request for reimbursement shall be accompanied by such bills, invoices, lien waivers, proof of payment, or other evidence as the City shall reasonably require documenting the right of the Owner to be reimbursed under this Agreement. The Economic Development Director shall have twenty (20) days after receipt of any request for reimbursement from the Owner to forward said request to the City Council for approval or disapproval at their next regularly scheduled meeting. If the Council disapproves the request in its entirety or specific expenditure items, it shall provide to the Owner an explanation as to why such request was disapproved; provided, that the only reasons for disapproval of any expenditure for which reimbursement is sought shall be that such expenditure has not already been paid by the Owner, and/or is not considered to be eligible because such expenditure was not for building renovation, repair or remodeling costs that were approved by the City Council, or because they do not comply with the terms of this Agreement.

Section 4. THE CITY'S OBLIGATIONS TO REIMBURSE THE OWNER UNDER THIS AGREEMENT IS A LIMITED OBLIGATION PAYABLE SOLELY FROM THE APPROPRIATED INCREMENTAL TAXES FOR THIS PROJECT GENERATED WITHIN THE DOWNTOWN REDEVELOPMENT PROJECT

AREA, AND SHALL NOT BE A GENERAL OBLIGATION OF THE CITY OR SECURED BY THE FULL FAITH AND CREDIT OF THE CITY.

Section 6: The City's agreement to reimburse eligible costs of the Owner's Project under the terms of this Agreement is not, and shall not be, construed as a joint venture, principal-agent, or employer-employee relationship between the City and Owner, as Owner's decision to adopt the Project, and cause it to be completed, is solely an independent act of the Owner, and not otherwise. This agreement shall not be construed as a third party beneficiary agreement, nor intend a benefit for any party not a signatory to this Agreement.

The Owner shall indemnify and hold harmless the City, its agents, officers Section 7. and employees against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses (including any liabilities, judgments, costs and expenses and reasonable attorneys' fees) which may arise directly or indirectly from (i) the failure of the Owner or any contractor, subcontractor or agent or employee thereof to timely pay any contractor, subcontractor, laborer or materialman; (ii) from any default or breach of the terms of this Agreement by the Owner; or (iii) from any negligence or reckless or willful misconduct of the Owner or any contractor, subcontractor or agent or employee thereof (so long as such contractor, subcontractor or agent or employee is hired by the Owner). The Owner shall, at his own cost and expense, appear, defend and pay all charges of attorneys, costs and other expenses arising there from or incurred in connection therewith. If any judgment shall be rendered against the City, its agents, officers, officials or employees in any such action, the Owner shall, at his own expense, satisfy and discharge the same. This paragraph shall not apply, and the Owner shall have no obligation whatsoever, with respect to any acts of negligence or reckless or willful misconduct on the part of the City or any of its officers, agents, employees or contractors.

In no way limiting the foregoing, the Owner shall also indemnify and hold harmless the City, its agents, officers and employees against all damages, claims, suits, liabilities, judgments, fines, penalties, costs and expenses (including reasonable attorneys' fees) which may arise directly or indirectly from any violation of the Illinois Prevailing wage Act, 820 ILCS 130/0.01, et seq., in connection with the Project.

Section 8. This Agreement may not be assigned by the Owner.

Section 9. All notices, demands, requests, consents, approvals or other instruments required or permitted by this Agreement shall be in writing and shall be executed by the party or an officer, agent or attorney of the party, and shall be deemed to have been effective as of the date of actual delivery, if delivered personally, or as of the third (3rd) day from and including the date of posting, if mailed by registered or certified mail, return receipt requested, with postage prepaid, addressed as follows:

To the Owner:

To the City:

Tank's Training Facility 1908 State St. Granite City, IL. 62040 Attention: Economic Development Director City of Granite City 2000 Edison Avenue Granite City, IL 62040

-continued on following page -

IN WITNESS WHEREOF, the parties hereto have	caused this Agreement to be
executed individually or by their duly authorized officers or	this,
201	
CITY OF GRANITE CITY, ILLINOIS:	
Ed Hagnauer, Mayor ATTES	ST:
	Judy Whitaker, City Clerk
OWNER (Property Owner):	
RV.	

Exhibit A Legal Description of Property

Attached

Exhibit B Project Detail

Describe in Detail the Project to be constructed to the above real estate, or attach a full detail to this Agreement.

TIF Grant Award Summary

Improvement: Awarded:	Requested Amount:	Amount				
Façade Improvements	\$4890.00	\$4890.00				
Total	\$4890.00	\$4890.00				
Project Description:						
Attached						
APPROVED US OF GRANT FUNDS AWARDE	D IS LIMITED TO IMPROVEM	ENTS TO DOORS				
AND WINDOWS, PER THE HARC BOARD'S VOTE OF APRIL 28, 2015.						
	**************************************	A CONTROL OF THE STATE OF THE S				
- Add Add Add Add Add Add Add Add Add Ad						

EXHIBIT C

Form of Request for Reimbursement

REQUEST FOR REIMBURSEMENT

(DATE)

2000 F	f Granit Edison A e City, I	
Attent	ion: Ec	onomic Development Director
	RE:	Redevelopment Agreement, dated, 20, by and between the City of Granite City, Illinois, and(the "Owner")
Dear _		
and fo	n 3 of to or the p st for R	re requested to disburse funds from the Special Tax Allocation Fund pursuant to the Redevelopment Agreement described above in the amount(s), to the person(s) purpose(s) set forth in this Request for Reimbursement. The terms used in this reimbursement shall have the meanings given to those terms in the Redevelopment
1.	PAYN	MENT DUE TO:
2.	AMO	UNT TO BE DISBURSED:
3.	reimb	mount requested to be disbursed pursuant to this Request for Reimbursement is to urse the Owner for those approved building renovation, repair and/or rehabilitation described in the Redevelopment Agreement between the party signed below and the

- 4. The undersigned certifies that:
 - (i) The amounts included in line 2 above were made, incurred and paid for and were necessary for the completion of the Project and were made or incurred in accordance with the Redevelopment Agreement.
 - (ii) The expenditures for which amounts are requisitioned represent proper redevelopment project costs as described in Section 3(d) of the Redevelopment

Agreement, have not been included in any previous Request for Reimbursement, have been properly recorded on the Owner's books and are set forth in <u>Schedule 1</u>, with paid invoices or other documented evidence attached for all sums for which reimbursement is requested;

- (iii) The amount of Redevelopment Project Costs to be reimbursed in accordance with this Request for Reimbursement, together with all amounts reimbursed to the Owner pursuant to Section 3 of the Redevelopment Agreement is not in excess of \$4,246.82.
- (iv) The Owner is not in default under the Redevelopment Agreement and nothing has occurred to the knowledge of the Owner that would prevent the performance of its obligations under the Redevelopment Agreement.
- (v) All costs of labor included in this Request have met the requirements of the prevailing wage ordinance of the City of Granite City presently in effect
- 6. Attached to this Request for Reimbursement is <u>Schedule 1</u> itemizing the eligible costs to be reimbursed, together with copies of paid invoices or other evidence of cost incurred for which reimbursement is being requested.
- 7. The undersigned certifies that the terms of the Redevelopment Agreement have been fully complied with.

Submitted by:			
Signature			
Name (typed)			
Title	.		
SUBSCRIBED AND SWORN TO BEFOR	E ME ON THIS_	_ DAY OF	, 2014.
	Notary Pu	ıblic	
	APPROVED BY	CITY COUNCII	.:Date:



Madison County Government Chief County Assessment Official

Joseph R Dauderman · C.I.A.O. Madison County Administration Building 157 N. Main St. Suite 229 • Edwardsville . IL 62025-1964 Phone (618) 692-6270 - Fax (618) 692-8298

Phil Byers, C.I.A.O. Chief Deputy Fred N. Michael, C.L.A.O. Director of Maps & Plats

Information for Parcel 22-2-19-24-12-202-003., Tax Year 2015

Generated 05/12/15 at 14:57:22 Property Information

Neighborhood

Tax Code

22 - CV09

Land Use

Lot Size

Tax Rate

Site Address

1908 STATE ST

Tax Year

2015

Township 22-GRANITE CITY

Property Class

0060-IMPROVED COMMERCIAL

Tax Status Taxable

Net Taxable Value

Total Tax

\$0.00

Owner Name and Address TANK TRAINING FACILITY LLC 1911 GRAND AVE GRANITE CITY, IL 62040-

Legal Description

ORIGINAL PLAT OF GRANITE CITY LOT 21 & 22 100X125

Market Land Valuation

Property Class Description

Type

Width Depth Sq. Ft. Caic. Acres Deed Acres

REGULAR LOT REGULAR - Regular Commercial

100 125

884 - #9 G CTY & PARK; GR CITY TIF 1

0330-Improved - Commercial

GRANITE CITY, IL 62040

Mailing Name and Address

0

0.00

RETAIL-MULTI OCCUPANCY Structures (1 of 1)

Property Class	Description	Style	Quality	Living Area (sq. ft.)	Year Built	Age
Commercial	RETAIL-MULTI OCCUPANCY		Fair	19,808	1940	74
1 - MULTI-US	E STORAGE 01 - 01					
Attribute			Attribut	ie .		
Finished Basen	nent	1320.0	0 Mixed Re	etail w/ Office Units		100,00
Base Cost	9808,0		9808.00			
Forced Air Unit		9808.0		0.00		
Physical / Fund	tional	100.0				
2 - MULTI-US	SE STORAGE 02 - 02					
Attribute			Attribut	te		
Mixed Retail w	/ Office Units	100.0	10 Base Co	st		10000.00
Brick, Solid		10000.00 No HVAC				0.00

Madison County | Information for Parcel 22-2-19-24-12-202-003., Tax Year 2015

Physical / Functional

5/12/2015

100.00

Assessments

Level	Homesite	Dwelling	Farm Land	Farm Building	Mineral	Total
Township Assessor	3,110	15,320	0	0	0	18,430
Prior Year Equalized	3,110	15,320	0	0	0	18,430

No Exemption Information No Farm Land Information

Parcel Genealogy

Parent Parcels

Child Of Action Tax Year Change Effective Year Completed?

Child Parcels

Parent Of Action Tax Year Change Effective Year Completed?

Legal Descriptions

Legal Description

ORIGINAL PLAT OF GRANITE CITY LOT 21 & 22 100X125

Section/Township/Range Document

Related Names

Name		Relationship	Document			
TANK TRAINING FACILITY LLC		ILITY LLC	Parcel Owner	Current	2014R28413	
			John Barry Balance Barre			
Year	Document#	Sale Type	Sale Date Notes		Price	
2014	2014R28413	Warranty Deed	09/09/2014		\$62,500	
2013	2013R17440	Trustees deed	04/19/2013		\$45,000	
2000	2000279806		06/30/2000 Book: 04385	i Page: 2378	\$0	
1974	1974279805		06/14/1974 Book: 02977	Page: 1474	\$0	
1966	1966279804		08/24/1966 Book: 02442	Page: 555	\$0	

Site Addresses

House Number 1908

City
GRANITE CITY

House Number Suffix
Street Name
STATE ST

Zip Code
62040

Location

Taxing Bodies

District Tax Rate Extension

Total 0.0000 ' \$0.00

Images

No images found.



City of Francte City

Granite City, Illinois 62040

Ed Hagnauer Mayor Judy J. Whitaker JUDY J. OWN DIAMER RECEIVED

Treasurer

Gail Valle

MAY 1 3 2015

CITY CLERK'S OFFICE GRANITE CREASURER'S REPORT - APRIL 30, 2015

	BEG	BALANCE	REVENUE		DISBURSEMENTS		END BALANCE	
GENERAL FUND								
10 -1-1110 CASH REGULAR	\$	3,063,822.77	\$	2,183,082.08	\$	2,460,463.23	\$	2,786,441.62
GRANITE CITY CINEMA					•			
15 -1-1110 CASH	\$	11,304.96	\$	50,569.72	\$	50,792.67	\$	11,082.01
DRUG TRAFFIC PRE								
25 -1-1110 CASH REGULAR	\$	464,281.87	\$	2,549.34	\$	18,674.44	,\$	448,156.77
MOTOR FUEL TAX F								
30 -1-1110 CASH REGULAR	\$	(641,191.77) \$	145,697.78	\$	(47,208.29)	\$	(542,702.28)
HEALTH FUND								
40 -1-1110 CASH REGULAR	\$	1,004,080.40	\$	101,733.96	\$	- /	\$	1,105,814.36
BELLMORE VILLAGE-TIF							i	
64 -1-1110 CASH REGULAR	\$	-	\$	4,100.28	\$		\$	4,100.28
DOWNTOWN - TIF								
65 -1-1110 CASH REGULAR	\$	1,379.51	\$	42,357.82	\$	(42,586.27)	\$	1,151.06
65 -1-1112 Bond Fund	\$	~	\$		\$		\$	-
65 -1-1113 UMB RESERVE	\$	-	\$	-	\$	-	\$	•
65 -1-1113 UMB SPEC TAX ALL	\$	7.35	\$	7,810.08	\$	~	\$	7,817.43
65 -1-1114 UMB P&I	\$	-	\$	-	\$	-	\$	-
65 -1-1150 2012 BOND PROCEE	\$	7,892,808.88	\$	**	. \$	-	\$	7,892,808.88
65 -1-1151 2012 BOND RESERV	\$	982,000.00	\$	-	\$	•	\$	982,000.00
65 -1-1155 2012 BOND EXPENS	\$	5,813.11	\$	0.02	\$	-	\$	5,813.13
.65 -1-1155 2012 BOND P&I	\$	56,662.73	\$	18,885.15	\$	•	\$	75,547.88
FUND 65 TOTAL	\$	8,938,671.58	\$	69,053.07	\$	(42,586.27)	. <u>-</u>	8,965,138.38

RTE 3 TIF'S						
66 -1-1110 CASH REGU	\$6,691.71		\$2,059.43		(\$158,080.26)	(\$149,329.12)
66 -1-1111 UMB BANK	\$5.25		\$109,455.85	\$-		\$109,461.10
66 -1-1111 UMB BANK	\$11,226.69		\$995.71	\$-		\$12,222.40
66 -1-1111 UMB BANK	\$372,625.30	\$-		\$-		\$372,625.30
66 -1-1111 UMB BANK	\$111,220.64		\$1.11	\$-		\$111,221.75
66 -1-1111 UMB-SPEC	\$4.20	\$-		\$-		\$4.20
66 -1-1112 UMB BANK	\$364,000.00	\$-		\$-		\$364,000.00
66 -1-1112 UMB BANK	\$61,586.45	\$-			(\$499.38)	\$61,087.07
66 -1-1112 UMB BONE	\$970.24	\$-			(\$665.88)	\$304.36
FUND 66 T	\$928,330.48	*************	\$112,512.10		(\$159,245.52)	\$881,597.06
NAMEOKI COMMONS	i de la companya de l					
67 -1-1110 CASH REGU	\$246.66		\$14,561.68		(\$14,325.06)	\$483.28
PORT DISTRICT - TIF						
68 -1-1110 CASH REGU	\$11,282.30		\$1.94		(\$990.83)	\$10,293.41
RTE 203 TIF						
69 -1-1110 CASH REGL	\$76,684.13		\$1,758.30	\$-		\$78,442.43
69 -1-1110 CASH UMB	\$400,289.32	\$-			(\$1,496.59)	\$398,792.73
69 -1-1110 CASH UMB	\$1,031.23		\$384.47	\$-		\$1,415.70
69 -1-1110 CASH UMB	\$421,000.00	\$-		\$-		\$421,000.00
FUND 69 T	\$899,004.68		\$2,142.77		(\$1,496.59)	\$899,650.86
SEWAGE TREATMENT						
70 -1-1110 CASH REGU	\$2,253,456.63		\$478,238.51		(\$432,581.98)	\$2,299,113.16
70 -1-1112 CONSTRUC	\$-	\$-		\$-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$-
70 -1-1113 BOND RESE	\$256,220.50	\$-		\$-		\$256,220.50
FUND 70 T	\$2,509,677.13	- Engineering	\$478,238.51		(\$432,581.98)	\$2,555,333.66
SEWER SYSTEM FUND						
71 -1-1110 CASH REGU	\$1,948,262.88		\$303,042.67		(\$340,643.21)	\$1,910,662.34
CAPITAL IMPROVEM						
90 -1-1110 CASH REGU	(\$102,445.63)	\$-		\$-		(\$102,445.63)

The information provided is true and correct, to the best of my knowledge and belief. Respectfully Submitted

GAIL VALLE, CITY TREASURER

City of Granite City

CITY OF GRANITE CITY-SEWER COLLECTIONS REPORT MAY 1, 2014- APRIL 30, 2015

BILLING & COLLECTION REPORT:

TOTAL BILLING RESIDENTIAL \$ 1,966,792.22 COMMERCIAL 480,671.01 PT-INDUSTRIAL \$ 1,851,589.76 \$ 4,299,052.99 **TOTAL COLLECTIONS:** RESIDENTIAL \$ 2,065,292.58 COMMERCIAL 529,305.75 PT-INDUSTRIAL \$ 2,144,735.16 5 4,739,333.49

JUDY J. WHITAKER RECEIVED

MAY 1 3 2015

CITY CLERK'S OFFICE GRANITE CITY, IL

SEWER AMNESTY ORDINANCE 8330

TOTAL AMOUNT COLLECTED: \$5,410.59

TOTAL AMOUNT AMNESTY ADJUSTMENT: \$4,210.66

ACCOUNT #	AMOUNT OWED		LINQUENT DUCTION	LESS PAYMENTS 12 MO'S		SETTLEMEN AMT	
02-060625-00	\$	2,189.18	\$ 763.53	\$		\$	1,425.65
02-023330-00	\$	1,672.11	\$ 582.98	\$	700.00	\$	389.13
02-141565-00	\$	4,429.07	\$ 2,662.68	\$	1,617.20	\$	149.19
33-800325-00	\$	1,330.89	\$ 201.47	\$	330.00	\$	799.42
	\$	9,621.25	\$ 4,210.66	\$	2,647.20	\$	2,763.39

SEWER ADJUSTMENTS - FISCAL YEAR 14/15

Reason	Amount
Amnesty Ordinance	\$ (4,210.66)
Settlement Adjustment	\$ (80.67)
Judgment Adjustment	\$ (3,447.62)
Judgment Account Set-Up	\$ 3,375.22
Adjustment	\$ (23,219.27)
Bankruptcy	\$ (15,319.58)
Late Fee Waived	\$ (406.69)
City Property	\$ -
Returned Checks	\$ 2,219.99
Water Company	\$ -
Billing Adjustment	\$ 72,911.64
Lock Box Adjustment	\$ 31.62
Lien Filing/Release	\$ 18,886.00
	\$ 50,739.98

The information provided is true and correct, to the best of my knowledge and belief.

Respectfully Submitted

Gail Valle, City Treasurer

City of Granite City





Ed Hagnauer Mayor

Judy J. Whitaker City Clerk

Gail Valle Treasurer

CITY OF GRANITE CITY - CITY COUNCIL REPORT

MAY 1 3 2015 CITY CLERK'S OFFICE GRANITE CITY L

JUDY J. WHITAKER RECEIVED

VIDEO GAMING TAX - ORDINANCE#8296 (02/2013) BY: GAIL VALLE, CITY TREASURER ANNUAL REPORT - MAY 1, 2014-APRIL 30, 2015

					VIDEO		
REVENUE'S		VID	EO GAMING TAX		gaming Ense fee's		LICENSES ISSUED
14000 mil 0 00 m	FY15		\$124,455.44	:	\$42,375.00		73
PREVIOUS Y	EARS:					ŧ	
REVENUE'S	FY 14	\$	78,020.28	\$	44,500.00		55
	FY 13	\$	5,217.38	\$	14,700.00		25

Transfer PER ORD.8296 to Police & Firefighter's Pension Funds Authorizes Treasurer Transfer Revenue To Police & Fire Pension Funds

> FY15 FY14 FY13

GRANITE CITY POLICE PENSION FUND \$79,268.78 \$ 57,991.90 \$ 4,449.06 GRANITE CITY FIREFIGHTER'S PENSION FUND \$79,268.78 \$ 57,991.90 \$ 47,449.06

The information provided is true and correct, to the best of my knowledge and belief. Respectfully Submitted:

Gall Valle, City Treasurer



City of Granite City

CITY OF GRANITE CITY - CITY STICKER ANNUAL REPORT

COLLECTIONS: April 1, 2014-March 31, 2015

NUMBER OF STICKERS

CARS, VANS & RECREATIONAL 6055
SENIORS, VETERANS & HANDICAPPED 2698
TRUCKS 2111
MOTORCYCLE 332

TOTAL STICKERS SOLD 11196

REVENUE

CARS, VANS & RECREATIONAL \$ 31,582.00 SENIORS, VETERANS & HANDICAPPED \$ 2,792.00 TRUCK \$ 23,201.00 MOTORCYCLE \$ 1,035.00

TOTAL REVENUE \$ 58,610.00

JUDY J. WHITAKER RECEIVED

MAY 1 3 2015

CITY CLERK'S OFFICE GRANITE CITY, IL

5 YEARS	2009/2010	2010/2011	2011/2012	2012/2013	2013/14
NUMBER OF STICKERS	7575	90.00	**** ****	600 F	
CARS, VANS & RECREATIONAL	7535	8066	7587	6935	/ 6536
SENIORS, VETERANS & HANDICAPPEL	2971	2927	2866	2888	2804
TRUCKS	2604	2791	2664	2433	2259
MOTORCYCLE	362	389	380	387	371
				Salting.	•
TOTAL STICKERS SOLD	13472	14173	13497	12643	11970
·					
REVENUE					
CARS, VANS & RECREATIONAL	\$ 40,587.00	\$ 42,596.00	\$ 40,037.00	\$ 35,796.00	\$ 34,844.00
SENIORS, VETERANS & HANDICAPPEL	\$ 3,125.00	\$ 3,036.00	\$ 2,979.00	\$ 2,988.00	\$ 2,928.00
TRUCK	\$ 29,559.00	\$ 30,449.00	\$ 29,030.00	\$ 26,244.00	\$ 24,970.00
MOTORCYCLE	\$ 1,137.00	\$ 1,230.00	\$ 1,204.00	\$ 1,189.00	\$ 1,197.00
TOTAL REVENUE	\$ 74,408.00	\$ 77,311.00	\$ 73,250.00	\$ 66,217.00	\$ 63.939.00

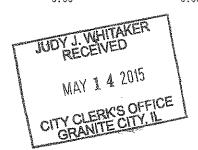
The information provided is true and correct, to the best of my knowledge and belief.

Respectfully Submitted

Aul Utlle
Gall Valle, City Treasurer
City of Granite City

DEPARTMENT TOTALS DEPARTMENT: 10 -01 MAYOR

ner checks net -	lst - Quarter O Che		~	R TOTALS ECK(S) 11986.48	3RD - QUARTER 0 CHEC		4TH - QUARTER 0 CHE		** TOTA 9 CH	L ** ECK(S) 11986.48
EARNINGS GROSS -	HOURS	TMUOMA 0.00	HOURS	AMOUNT 17003.39	HOURS	TMUOMA 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 1703.39
SALARY -	0.00	0.00	421.64	16436,72	0.00	0.00	0.00	0.00	421.64	16436.72
TIF ADMIN -	0.00	0.00	0.00	416.67	0.00	0.00	0.00	0.00	0.00	416.67
DECLINE -	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	employer	DEDUCT	employer	DEDUCT	employer	DEDUCT	employer	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0,00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00
HLTH SNG PR-	0,00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	3.84	3.81	0.00	0.00	0.00	0.00	3.84	3.81
IPPFA 457 P-	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	0.00	0.00	61.58	0.00	0.00	0.00	0,00	0.00	61.58
DENTAL PRE -	0.00	0.00	0.00	39.61	0.00	0.00	0.00	0.00	0.00	39.61
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	8.24	0.00	0.00	0.00	0.00	0.00	8.24
AMERITAS AF-	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
DENTAL PRE -	0.00	0.00	0.00	41.64	0.00	0.00	0.00	0.00	0.00	41.64
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVERS 457%-	0.00	0.00	0.00	101.50	0.00	0.00	0.00	0.00	0.00	101.50
I.M.R.F -	0.00	0.00	1564,96	615.60	0.00	0.00	0.00	0.00	1564.96	615.60
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	YAX
FEDERAL W/H-	0.00	0.00	15971.80	2005.16	0.00	0.00	0.00	0.00	15971.80	2005.16
STATE W/H -	0.00	0.00	15971.80	597.38	0.00	0.00	0.00	0.00	15971.80	597.38
FICA -	0.00	0.00	16688.90	1034.70	0.00	0.00	0.00	0.00	16688.90	1034.70
MEDICARE -	0.00	0.00	16688.90	241.99	0.00	0.00	0.00	0.00	16688.90	241.99
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00



DEPARTMENT: 10 -02 CITY CLERK

NBR CHECKS -			2ND - QUARTER	TOTALS	~~	3RD - QUARTER TOTALS 4TH - QUARTER TOTALS 0 CHECK(S) 0 CHECK(S)			** TOTAL ** 4 CHECK(S)	
NET -	0 01115	0.00	1 0112	5400.04	V VIII	0.00	O CIA	0.00	1 (411)	5400.04
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 8215.08	HOURS	THUOMA 00.0	HOURS	AMOUNT 0.00	HOURS	AMOUNT 8215.08
SALARY	0.00	0.00	362.64	8065.08	0.00	0,00	0.00	0.00	362.64	8065.08
DECLINE -	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR~	0.00	0.00	0.80	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH FML AF-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
Loan paymen-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	5.12	5.08	0.00	0.00	0.00	0.00	5.12	5.08
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 ~	0.00	0.00	0.00	81.40	0.00	0.00	0.00	0.00	0.00	81.40
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	56.56	0.00	0.00	0.00	0.00	0.00	56.56
AMERITAS AF-	0.00	0.00	0.00	16.48	0.00	0.00	0.00	0.00	0.00	16.48
DENTAL PRE -	0.00	0.00	0.00	105.63	0.00	0.00	0.00	0.00	0.00	105.63
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0,00	0.00	0.00	0.00	0,00	0.00	0.80	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	939.81	369.69	0.00	0.00	0.00	0.00	939.81	369.69
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	108.75	0.00	0.00	0.00	0.00	0.00	108.75
- DDA MUTSO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	XAT	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	7474.45	1026.01	0.00	0.00	0.00	0.00	7474.45	1026.01
STATE W/H -	0.00	0.00	7474.45	295.37	0.00	0.00	0.00	0.00	7474.45	295.37
FICA -	0.00	0.00	7844.14	486.33	0.00	0.00	0.00	0.00	7844.14	486.33
MEDICARE -	0.00	0.00	7844.14	113.74	0.00	0.00	0.00	0.00	7844.14	113.74
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT DATE: 5/01/2015 THRU 5/15/2015

DEPARTMENT TOTALS

		D =	- ,
DEPARTMENT:	10 -03	LEGISLATIVE	- ALDERM

NBR CHECKS -			-	ND - QUARTER TOTALS 12 CHECK(S)		0 CHECK(S)		TOTALS CK(S) 0.00	** TOTAL ** 12 CHECK(S) 2617.06	
net -		0.00		2617.06		0.00		0.00		2011.00
EARNINGS GROSS -	HOURS	TOUDOMA	HOURS	AMOUNT 3259.96	HOURS	THUOMA	HOURS	AMOUNT 0.00	HOURS	AMOUNT 3259,96
SALARY -	0.00	0.00	54.00	3159.96	0,00	0.00	0.00	0.00	54.00	3159.96
EXP ALLOW -	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	0.00	0.00	1.28	1.27	0.00	0.00	0.00	0.00	1.28	1.27
I.M.R.F -	0.00	0.00	186.44	73.35	0.00	0.00	0.00	0.00	186.44	73.35
TAXES	TAXABLE	TAX	TAXABLE	XAT	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	3186.61	194,40	0.00	0.00	0.00	0.00	3186.61	194.40
STATE W/H -	0.00	0.00	3186.61	124.44	0.00	0.00	0.00	0.00	3186.61	124,44
FICA ~	0.00	0.00	3259.96	202.16	0.00	0.00	0.00	0.00	3259.96	202.16
MEDICARE -	0.00	0.00	3259.96	47.28	0.00	0.00	0.00	0.00	3259,96	47.28
EIC CREDIT -	3,40	0.00	7-75.50	0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -04 TREASURER

NBR CHECKS	st - quarter 0 che		2ND - QUARTER 4 CHE	t TOTALS CK(S)	3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTAI 4 CHE	: ** ECK(S)
NET -		0.00		4887.56		0.00		0.00		4887.56
EARNINGS GROSS ~	HOURS	TYUOMA 00.0	HOURS	AMOUNT 7663.90	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 7663.90
SALARY DECLINE	0.00 0.00	0.00	346.65 0.00	7513.90 150.00	0.00 0.00	0.00	0.00 0.00	0.00	346.65 0.00	7513.90 150.00
DEDUCTIONS OPTUM FUNDI	employer 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT 0.00	employer 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT 0.00	EMPLOYER 0.00	DEDUCT 0.00
HLTH FAM PR- HLTH SNG AF-	0.00	0.00	0.00	0.00 25.00	0.00	0.00	0.00	0.00	0.00	0.00 25.00
HLTH FML AF- LOAN PAYMEN- LOAN PAYMEN-	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	100.00 21.51 80.78	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 - 0.00	0.00 0.00 0.00	0.00 0.00 0.00	100.00 21.51 80.78
LOAN PAYMEN- ST FARM INS-	0.00 0.00	0.00	0.00 2.56	0.00	0.00	0.00	0.00	0.00	0.00 2.56	0.00
IPPFA 457 P- AFSCME 31 -	0.00 0.00	0.00 0.00	0.00 0.00	220.20 81.40	0.00	0.00	0.00	0.00	0.00	220.20 81,40
UNITED WAY - DENTAL PRE -	0.00 0.00	0.00	0.00	21.00 0.00 99.04	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	21.00 0.00 99.04
DENTAL AFTE- BAS 125 PLA- AMERITAS PR-	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00
AMERITAS AF- DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00 0.00	0.00	0.00 0.00
DENTAL AFT - I.M.R.F -	0.00	0.00	0.00 876.75	41.64 344.87	0.00	0.00	0.00	0.00	0.00 876.75	41.64 344.87
MELLON ADD - REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES FEDERAL W/H~	TAXABLE 0.00	XAT 00.0	TAXABLE 7098.83	TAX 892.59	TAXABLE 0.00	XAT 00.0	TAXABLE 0.00	XAT 00.0	TAXABLE 7098.83	TAX 892.59
STATE W/H - FICA -	0.00	0.00	7098.83 7663.90	259.48 475.16	0.00	0.00 0.00	0.00 0.00	0.00	7098.83 7663.90	259.48 475.16
MEDICARE - EIC CREDIT -	0.00	0.00	7663.90	111.13 0.00	0.00	0.00	0.00	0.00	7663.90	111.13 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

NBR CHECKS -			2ND - QUARTER 3 CHE	CK(S)	0 CHECK(S)		4TH - QUARTER TOTALS 0 CHECK(S)		** TOTAL ** 3 CHECK(S)	
NET -		0.00		3415.72		0.00		0.00		3415.72
EARNINGS GROSS	HOURS	AMOUNT 0.00	HOURS	AMOUNT 4926.68	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 4926.68
SALARY - WC ED -	0.00	0.00	216.62 0.00	4701.68 225.00	0.00 0.00	0.00	0.00	0.00 0.00	216.62 0.00	4701.68 225.00
DEDUCTIONS OPTUM FUNDI HLTH FAM PR-	EMPLOYER 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 0.00 0.00	DEDUCT 0.00 100.00	employer 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 0.00 0.00	DEDUCT 0.00 0.00	EMPLOYER 0.00 0.00	DEDUCT 0.00 100.00
ALTH SNG PR- ST FARM INS-	0.00 0.00	0.00 0.00	0.00 1.28	0.00 1.27	0.00	0.00	0.00 0.00	0.00	0.00 1.28	0.00 1.27
AFSCME 31 - UNITED WAY - DENTAL PRE -	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	40.70 10.00 62.03	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	40.76 10.00 62.03
AMERITAS PR- DENTAL PRE - I.M.R.F -	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 563.62	8.24 0.00 221.70	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 563.62	8.24 0.00 221.70
MELLON ADD - REIMBURSE -	0.00	0.00	0.00	16.66	0.00	0.00	0.00	0.00	0.00	16.66
TAXES FEDERAL W/H- STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 4518.05 4518.05 4739.75 4739.75	TAX 518.33 169.43 293.87 68.73 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 4518.05 4518.05 4739.75 4739.75	TAX 518.33 169.43 293.87 68.73 0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -06 IT DEPARTMENT

NBR CHECKS -			2ND - QUARTER 2 CH	CK(S)		3RD - QUARTER TOTALS 4TH - QUARTER TOTALS 0 CHECK(S) 0 CHECK(S)		** TOTAL 2 CH	CK(S)	
net		0.00		3287.63		0.00		0.00		3287.63
EARNINGS GROSS -	HOURS	TRUDOMA 0.00	HOURS	AMOUNT 4923.34	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 4923.34
SALARY -	0.00	0.00	173.32	4923.34	0.00	0.00	0.00	0,00	173.32	4923.34
DEDUCTIONS	EMPLOYER	DEDUCT	employer	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0,00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
HLTH SNG AF-	0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WAY -	0.00	0.00	0.00	31.35	0.00	0.00	0.00	0.00	0.00	31.35
DENTAL PRE -	0.00	0.00	0.00	127.97	0.00	0.00	0.00	0.00	0.00	127.97
DENTAL AFTE-	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	23.60	0.00	0.00	0.00	0.00	0.00	23.60
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	563,23	221.55	0.00	0.00	0.00	0.00	563.23	221.55
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	XAT	TAXABLE	TAX
FEDERAL W/H~	0.00	0.00	4500.22	626.26	0.00	0.00	0.00	0.00	4500.22	626.26
STATE W/H -	0.00	0.00	4500.22	168.76	0.00	0.00	0.00	0.00	4500.22	168.76
FICA -	0.00	0.00	4721.77	292.75	0.00	0.00	0.00	0.00	4721.77	292.75
MEDICARE -	0.00	0.00	4721.77	68.47	0.00	0.00	0.00	0.00	4721,77	68.47
EIC CREDIT -		0.00		0.00		0.08		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -07 POLICE

1	st - Quarter	TOTALS	2ND - QUARTE	- QUARTER TOTALS 3RD - QUARTER TOTALS 4TH - QUARTER TOTALS		TOTALS	** TOTAL **			
NBR CHECKS -	0 CHE		76 CF	HECK(S)	0 CHE		0 CHE	CK(S)	76 CH	IECK(S)
net -		0.00		153073.90		0.00		0.00		153073.90
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 228259.26	HOURS	TMUOMA 00.0	HOURS	AMOUNT 0.00	Hours	AMOUNT 228259,26
SALARY -	0.00	0.00	6157.05	197259.64	0.00	0.00	0.00	0.00	6157.05	197259,64
HOURLY PAY -	0.00	0.00	46.00	379.50	0.00	0.00	0.05	0.00	46.00	379.50
SHORT/CHG -	0.00	0.00	204.00	6765.50	0.00	0.00	0.00	0.00	204.00	6765.50
REIM OT -	0.00	0.00	62.00	3169.24	0.00	0.00	0.00	0.00	62.00	3169.24
OVERTIME PA-	0.00	0.00	116.00	5755.02	0.00	0.00	0.00	0.00	116.00	5755.02
COURT TIME -	0.00	0.00	2.00	125.40	0.00	0.00	0.00	0.00	2.00	125.40
CALL OUT -	0.00	0.00	30.00	2001.47	0.00	0.00	0.00	0.00	30.00	2001.47
COR -	0.00	0.00	111.00	4440.00	0.00	0.00	0.00	0.00	111.00	4440.00
RANK DIFF -	0.00	0.00	264.00	724.44	0.00	0.00	0.00	0.00	264.00	724.44
DISPATCH 2 -	0.00	0.00	308.00	246.40	0.00	0.00	0.00	0.00	308.00	246.40
SHIF/DIFF3 -	0.00	0.00	1181.00	767.65	0.00	0.00	0.00	0.00	1181.00	767.65
WC ED -	0.00	0.00	0.00	175.00	0.00	0.00	0.00	0.00	0.00	175.00
DECLINE -	0.00	0.00	0.00	450.00	0.00	0.00	0.00	0.00	0.00	450.00
CLOTHING -	0.00	0.00	0.00	4000.00	0.00	0.00	0.00	0.00	0.00	4000.00
LSUM/BONUS -	0.00	0.00	0.00	2000.00	0.00	0.00	0.00	0.00	0.00	2000.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	150.00	0.00	G.00	0.00	0.00	0.00	150.00
HLTH SNG PR-	0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
HLTH FML AF-	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
PBPA CHIEF -	0.00	0.00	0.00	60.00	0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN-	0.00	0.00	0.00	635.43	0.00	0.00	0.00	0.00	0.00	635.43
LOAN PAYMEN-	0.00	0.00	0.00	492.85	0.00	0.00	0.00	0.00	0.00	492.85
LOAN PAYMEN-	0.00	0.00	0.00	414.14	0.00	0.00	0.00	0.00	0.00	414.14
ST FARM INS-	0.00	0.00	62.72	62.23	0.00	0.00	0.00	0.00	62.72	62.23
AMER HERITA-	0.00	0.00	0.00	42.65	0.00	0.00	0.00	0.00	0.00	42.65
IPPFA 457 P-	0.00	0.00	0.00	2051.00	0.00	0.00	0.00	0.00	0.00	2051.00
PBPA LABOR -	0.00	0.00	0.00	2660.00	0.00	0.00	0.00	0.00	0.00	2660.00
AFSCME 31 -	0.00	0.00	0.00	447.70	0.00	0.00	0.00	0.00	0.00	447.70
UNITED WAY -	0.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	20.00
DENTAL PRE -	0.00	0.00	0.00	419.76	0.00	0.00	0.00	0.00	0.00	419.76
DENTAL AFTE-	0.00	0.00	0.00	831.99	0.00	0.00	0.00	0.00	0.00	831.99
BAS 125 PLA-	0.00	0.00	0.00	125.00	0.00	0.00	0.00	0,00	0.00	125.00
POLICE/FIRE-	0.00	0.00	0.00	138.74	0.00	0.00	0.00	0.00	0.00	138.74
AMERITAS PR-	0.00	0.00		80.16	0.00	0.00	0.00	0.00	0.00	80.16
AMERITAS AF-	0.00	0.00	0.00	144.96	0.00	0.00	0.00	0.00	0.00	144.96
DENTAL PRE -	0.00	0.00		28.40	0,00	0.00	0.00	0.00	0.00	28.40
DENTAL AFT -	0.00	0.00	0.00	19.81	0.00	0.00	0.00	0.00	0.00	19.81
CHILD SUPPT-	0.00	0.00		1838.01	0.00	0.00	0.00	0.00	0.00	1838.01
DIVERS 457%-	0.00	0.00		1080.83	0.00	0.00	0,00	0.00	0.00	1080.83
GARN FEE -	0.00	0.00		5.00	0.00	0.00	0.00	0.00	0.00	5.00
GARNISHMENT-	0.00	0.00		348.00	0.00	0.00	0.00	0.00	0.00	348.00
PRIN LOAN -	0.00	0.00		57.68		0.00	0.00	0.00	0.00	57.68
LOAN PYMT -	0,00	0.00		80.60		0.00	0.00	0.00	0.00	80.60
PRINCIPAL -	0.00	0.00		665.00		0.00	0.00	0.00	0.00	665.00
I.M.R.F -	0.00	0.00		1356.33		0.00	0.00	0.00	3448.10	1356.33
POL PENSION-	0.00	0.00		17212.61		0.00	0.00	0.00	0.00	17212.61
a war a market a war	0.00	0.00	0.50		*				*	

5/13/2015 2: PAYROLL NO#: 0		ranite Cit	PAYR Y	OLL HI SORTED BY I	S T O R Y DEPARTMENT	REPORT		DATE: 5,	/01/2015 THRU	PAGE: 8 5/15/2015
MELLON ADD -	0.00	0.00	0.00	77.50	0.00	0.00	0.00	0.00	0.00	77.50
OPTUM ADD - REIMBURSE -	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00	0.00	0.00 0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H- STATE W/H -	0.00	0.00 0.00	204987.67 204987.67	30685.51 7605.61	0.00 0.00	0.00	0.00	0.00	204987.67 204987.67	30685,51 7605,61
FICA + MEDICARE -	0.00	0.00	30321.88 223648.27	1879.96 3242.90	0.00	0.00	0.00	0.00	30321.88 223648.27	1879.96 3242.90
EIC CREDIT -	0.00	0.00	220010101	0.00	****	0.00	21.22	0.00		0.00

5/13/2015 2:51 PM PAYROLL HISTORY REPORT
PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT PAGE: 9 DATE: 5/01/2015 THRU 5/15/2015

DEPARTMENT TOTALS

DEPARTMENT: 10 -08 FIRE & AMBULANCE

**************************************	1 NBR CHECKS -	ST - QUARTER		2ND - QUARTE		3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTI	L ** BECK(S)
REALERY - 0.00 0.00 231603.75 0.00 0.00 0.00 231603.76 CALL CUT - 0.00 0.00 0.00 6635.31 164066.98 0.00 0.00 0.00 0.00 0.00 0.00 84.00 3399.04 0.00 0.00 0.00 0.00 0.00 84.00 3399.04 0.00 0.00 0.00 0.00 0.00 1894.00 28977.18 1NJURED - 0.00 0.00 0.00 0.00 1594.00 28977.18 0.00 0.00 0.00 0.00 0.00 0.00 1894.00 28977.18 1NJURED - 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		O CHE		39 CI		0 04171		0 0111		30 01	
SALIRY - 0.00 0.00 6053.51 164066.98 0.00 0.00 0.00 0.00 6063.51 164066.98 0.00 0.00 0.00 0.00 6063.51 164066.98 0.00 0.00 0.00 0.00 0.00 6063.51 164066.98 0.00 0.00 0.00 0.00 0.00 6063.51 164066.98 0.00 0.00 0.00 0.00 0.00 1584.00 2877.18 0.00 0.00 0.00 0.00 0.00 1584.00 2877.18 0.00 0.00 0.00 0.00 0.00 1584.00 2877.18 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		HOURS		HOURS		HOURS		HOURS		HOURS	
CALL DUT - 0.00 0.00 1594.00 3399.04 0.00 0.00 0.00 0.00 1.00 44.00 3399.04 0.00 0.00 0.00 0.00 1.00 0.00 1384.00 2877.18 INJURED - 0.00 0.00 0.00 0.00 1594.00 0.00 0.00 0.00 0.00 0.00 0.00 1.00 0.00 1.00 0.00						2.22				****	
NAME DIFF 0.00											
INJURD - 0.00 0.00 1.00 1.00 1.00 1.00 0.00 0.											
EMA COOR											
DECLITINE											
CEU HOURS - 0.00											
CD ATTEND I- 0.00 0.00 2268.00 60580.51 0.00 0.00 0.00 0.00 2268.00 60580.51											
Dig Funding Color											
OPTIM FINDT											
HITH FAM PR- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
### PAM PR-											
HITH SNG PR- 0.00 0.00 0.00 300.00 0.00 0.00 0.00 0											
HITH SNG AF											
HITR FML AF- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0											
IOAN PAYMEN-											
IOAN PAYMEN											
ST FARM INS— 0.00 0.00 48.64 48.26 0.00 0.00 0.00 0.00 48.64 48.26 AMER HERITA— 0.00 0.00 0.00 60.06 0.00 0.00 0.00 0.											
AMER HERITA- 0.00 0.00 0.00 0.00 60.06 0.00 0.00 0.											
IPPFA 457 P-											
RELIEF & WE- 0.00 0.00 0.00 85.00 0.00 0.00 0.00 0.0											
AFSCME 31 - 0.00 0.00 0.00 40.70 0.00 0.00 0.00 0.0											
UNITED WAY - 0.00 0.00 0.00 482.06 0.00 0.00 0.00 0.00 0.00 0.00 462.06 DENTAL PRE - 0.00 0.00 0.00 0.00 607.33 0.00 0.00 0.00 0.00 0.00 0.00 607.33 DENTAL AFTE- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
DENTAL PRE - 0.00 0.00 0.00 607.33 0.00 0.00 0.00 0.00 0.00 607.33 DENTAL AFTE- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
DENTAL AFTE- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
BAS 125 FLA- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
POLICE/FIRE- 0.00 0.00 0.00 798.60 0.00 0.00 0.00 0.00 0.00 798.60 AMERITAS PR- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
AMERITAS PR- 0.00 0.00 0.00 0.00 203.76 0.00 0.00 0.00 0.00 0.00 203.76 AMERITAS AF- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
AMERITAS AF- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
DENTAL PRE - 0.00 0.00 0.00 253.42 0.00 0.00 0.00 0.00 0.00 253.42 253 FIRE PA- 0.00 0.00 0.00 198.50 0.00 0.00 0.00 0.00 0.00 198.50 0.00 0.00 0.00 0.00 0.00 198.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00											
253 FIRE PA- 0.00 0.00 0.00 198.50 0.00 0.00 0.00 0.00 0.00 198.50 ADD FIRE PA- 0.00 0.00 0.00 40.50 0.00 0.00 0.00 0.0											
ADD FIRE PA- 0.00 0.00 0.00 40.50 0.00 0.00 0.00 0.0											
CHILD SUPPT- 0.00 0.00 0.00 955.00 0.00 0.00 0.00 0.											
DIVERS 457%- 0.00 0.00 0.00 1657.95 GARNISHMENT 0.00											
GARNISHMENT- 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.											
GARN FEE - 0.00 0.00 0.00 0.00 0.00 0.00 0.00											
LOAN FYMT - 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0											
PRINCIPAL - 0.00 0.00 0.00 5196.39 0.00 0.00 0.00 0.00 0.00 5196.39 I.M.R.F - 0.00 0.00 227.82 89.62 0.00 0.00 0.00 0.00 227.82 89.62 FIRE PENSIO- 0.00 0.00 0.00 15371.51 0.00 0.00 0.00 0.00 0.00 15371.51 ALLST-PRETA- 0.00 0.00 0.00 101.84 0.00 0.00 0.00 0.00 101.84											
I.M.R.F - 0.00 0.00 227.82 89.62 0.00 0.00 0.00 0.00 227.82 89.62 FIRE PENSIO- 0.00 0.00 0.00 15371.51 0.00 0.00 0.00 0.00 0.00 15371.51 ALLST-PRETA- 0.00 0.00 0.00 101.84 0.00 0.00 0.00 0.00 101.84											
FIRE PENSIO- 0.00 0.00 0.00 15371.51 0.00 0.00 0.00 0.00 0.00 15371.51 ALLST-PRETA- 0.00 0.00 0.00 101.84 0.00 0.00 0.00 0.00 0.00 101.84											
ALLST-PRETA- 0.00 0.00 0.00 101.84 0.00 0.00 0.00 0.00 0.00 101.84											
The state of the s											
		0.00	0.00		17,90		0.00	0.00	0.00	0.00	17.90
ALLST-TAXAB- 0.00 0.00 0.00 17.90 0.00 0.00 0.00 0.00 0.00 17.90 MBLLON ADD - 0.00 0.00 0.00 18305.55 0.00 0.00 0.00 0.00 18305.55											
MELLON ADD - 0.00 0.00 0.00 0.00 0.00 0.00 0.00											
OPTUM ADD - 0.00 0.00 0.00 0.00 0.00 0.00 0.00											
LOAN PAYMEN- 0.00 0.00 0.00 270.42 0.00 0.00 0.00 0.00 0.00 270.42											
REIMBURSE - 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0											

5/13/2015 2:5 PAYROLL NO#: 03		ranite Cit	PAYR	OLL HI SORTED BY	S T O R Y DEFARTMENT	REPORT		DATE: 5,	/01/2015 THRU	PAGE: 10 5/15/2015
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	10198.17	0.00	0.00	0.00	0.00	0.00	10198.17
TAXES	TAXABLE	TAX	TAXABLE	YAY	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H~	0.00	0.00	162508.20	24286.10	0.00	0.00	0.00	0.00	162508.20	24286.10
STATE W/H -	0.00	0.00	162508.20	5995.46	0.00	0.00	0.00	0,00	162508.20	5995.46
FICA -	0.00	0.00	1966.47	121.92	0.00	0.00	0.00	0.00	1966.47	121.92
MEDICARE -	0.00	0.00	185328.87	2687.24	0.00	0.00	0.00	0.00	185328.87	2687.24
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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FAYROLL NO#: 01 ~ City of Granite City SORTED BY DEPARTMENT DATE: 5/01/2015 THRU 5/15/2015

DEPARTMENT TOTALS

DEPARTMENT: 10 -09 CIVIL DEFENSE

NBR CHECKS -	1ST - QUARTER 0 CHE		2ND - QUARTER 0 CHE		3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTAL 0 CHE	
EARNINGS GROSS -	HOURS	THUOMA 0.00	HOURS	THUOMA 00.00	HOURS	THUOMA 00.0	HOURS	THUOMA 0.00	HOURS	AMOUNT 0.00
DEDUCTIONS	employer	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES FEDERAL W/H STATE W/H - FICA - MEDICARE - EIC CREDIT -	0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	XAT 00.0 00.0 00.0 00.0 00.0	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00

DEPARTMENT: 10 -11 SAFETY

	lst - Quarter	TOTALS	2ND - QUARTER		3RD - QUARTER		4TH - QUARTER		** TOTAL	
NBR CHECKS -	0 CHE		2 CHI	CK(S)	0 CHE		0 CHE		2 CHE	CK(S)
net -		0.00		2634.28		0.00		0.00		2634.28
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT	HOURS	TMUOMA 0.00	HOURS	TMUOMA 00.0	HOURS	AMOUNT 3938.32
SALARY -	0.00	0.00	173.32	3938.32	0.00	0.00	0.00	0.00	173.32	3938.32
ournur _	0.00	0.00	Tigida	2240122	0.00	0.00	0.00	0.00	4/2/24	0,000,00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	employer	DEDUCT	employer	DEDUCT	employer	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	27.94	0.00	0.00	0.00	0.00	0.00	27.94
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	2.56	2.54	0.00	0.00	0.00	0.00	2.56	2.54
IPPFA 457 P-	0.00	0.00	0.00	10.60	0.00	0.00	0.00	0.00	0.00	10.00
AFSCME 31 -	0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	16.48	0.00	0.00	0.00	0.00	0.00	16.48
DENTAL PRE -	0.00	0.00	0.00	28.40	0.00	0.00	0.00	0.00	0.00	28.40
I.M.R.F -	0.00	0.00	450.54	177.22	0.00	0.00	0.00	0.00	450.54	177.22
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	XAT	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
PEDERAL N/H-	0.00	0.00	3606.22	467.33	0.00	0,00	0.00	0.00	3606.22	467.33
STATE W/H -	0.00	0.00	3606.22	135.23	0.00	0.00	0.00	0.00	3606.22	135.23
FICA -	0.00	0.00	3793.44	235.19	0.00	0.00	0.00	0.00	3793.44	235.19
MEDICARE -	0.00	0.00	3793.44	55.01	0.00	0.00	0.00	0.00	3793.44	55.01
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -12 BUILDING & ZONING

NBR CHECKS -	lst - Quarter 0 Chec		2ND - QUARTE		3RD - QUARTER O CHE		4TH - QUARTER 0 CHE		** TOTA	L ** ECK(S)
NET -	0 Chr	0.00		12582.78	o oner	0.00	o Chia	0.00	3.2 011	12582.78
EARNINGS GROSS -	HOURS	AMOUNT	HOURS	AMOUNT 18420.90	ROURS	AMOUNT	HOURS	AMOUNT 0.00	HOURS	AMOUNT 18420.90
SALARY -	0.00	0.00	779.94	16453.90	0.00	0.00	0.00	0.00	779.94	16453.90
HOURLY PAY ~	0.00	0.00	134.00	1742.00	0.00	0.00	0.00	0.00	134.00	1742.00
WC ED -	0.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	75.00
DECLINE -	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
Constitution of the second	0,00	4.44	****							
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	100.00	0.00	0,00	0.00	0.00	0.00	100.00
HLTH FML AF-	0.00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00
LOAN PAYMEN-	0.00	0.00	0.00	25.49	0.00	0.00	0.00	0.00	0.00	25.49
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	6.40	6.35	0.00	0.00	0.00	0.00	6.40	6.35
IPPFA 457 P-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
AFSCME 31 -	0.00	0.00	0.00	203.50	0.00	0.00	0.00	0.00	0.00	203.50
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	96.40	0.00	0.00	0.00	0.00	0.00	96.40
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0,00	16.48	0.00	0.00	0.00	0.60	0.00	16.48
AMERITAS AF-	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	0.00	0.00	0.00	28.40	0.00	0.00	0.00	0.00	0.00	28.40
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	0.00	0.00	175.00	0.00	0.00	0.00	0.60	0.00	175.00
I.M.R.F -	0.00	0.00	2107,35	828.94	0.00	0.00	0.00	0.00	2107.35	828.94
ALLST-PRETA-	0.00	0.00	0.00	19.64	0.00	0.00	0.00	0.00	0.00	19.64
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	50.98	0.00	0.00	0.00	0.00	0.00	50.98
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	XAT	TAXABLE	XAT	TAXABLE	XAT	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00		1998.71	0.00	0,00	0.00	0.00	17230.84	1998.71
STATE W/H -	0.00	0.00	17230.84	639.45	0.00	0.00	0.00	0.00	17230.84	639.45
FICA -	0.00	0.00	18284.78	1133.65	0.00	0.00	0.00	0.00	18284.78	1133.65
MEDICARE -	0.00	0.00		265.13	0.00	0.00	0.00	0.00	18284.78	265.13
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT: 10 -13 PUBLIC WORKS

	ST - QUARTER		2ND - QUARTE		3RD - QUARTER		4TH - QUARTER		** TOTA	
NBR CHECKS -	0 CHE		33 CH		0 CHE		0 CHE		33 CH.	ECK(S)
net		0.00		52295.17		0.00		0.00		52295.17
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	TUOMA	HOURS	AMOUNT	HOURS	TOUCHA
GROSS -		0.00		79278.57		0.00		0.00		79278.57
SALARY -	0.00	0.00	2773.13	76060.03	0.00	0.00	0.00	0.00	2773.13	76060.03
OVERTIME PA-	0.00	0.00	3.00	118.63	0.00	0.00	0.00	0.00	3.00	118.63
CALL OUT -	0.00	0.00	74.00	2993.28	0.00	0.00	0.00	0.00	74.00	2993.28
RANK DIFF -	0.00	0.00	111.50	62.63	0.00	0.00	0.00	0.00	111.50	62.63
CDL LIC -	0.00	0.00	88.00	44.00	0.00	0.00	0.00	0.00	88.00	44.00
DEDUCTIONS	EMPLOYER	DEDUCT	employer	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH EML AF-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
ST FARM INS-	0.00	0.00	21.76	21.59	0.00	0,00	0.00	0.00	21.76	21.59
IPPEA 457 P-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
AFSCME 31 -	0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
TEAMSTERS52-	0.00	0.00	0.00	997.00	0.00	0.00	0.00	0.00	0.00	997.00
LABORER 397-	0.00	0.00	0.00	660.00	0.00	0.00	0.00	0.00	0.00	660.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	83.28	0.00	0.00	0.00	0.00	0.00	83,28
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
AMERITAS AF-	0.00	0.00	0.00	24.72	0.00	0.00	0.00	0.00	0.00	24.72
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-	0.00	0.00	0.00	762.20	0.00	0.00	0.00	0.00	0.00	762.20
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	0.00	0.00	130.00	0.00	0.00	0.00	0.00	0.00	130.00
I.M.R.F -	0.00	0.00	9069.46	3567.53	0.00	0.00	0.00	0.00	9069.46	3567.53
VOL ADD CON-	0.00	0.00	0.00	234.89	0.00	0.00	0.00	0.00	0.00	234.89
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00	0.00	35.16	0.00	0.00	0.00	0.00	0.00	35.16
2%-LABOR -	0.00	0.00	0.00	669.23	0.00	0.00	0.00	0.00	0.00	669.23
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
,										
TAXES	TAXABLS	TAX	TAXABLE	TAX		TAX	TAXABLE	XAT	TAXABLE	XAT
FEDERAL W/H-	0.00	0.00	75481.04	10721.54	0.00	0.00	0.00	0.00	75481.04	10721.54
STATE W/H -	0.00	0,00	75481.04	2820.73	0.00	0.00	0.00	0.00	75481.04	2820.73
FICA -	0.00	0.00	79278.57	4915.27	0.00	0.00	0.00	0.00	79278.57	4915.27
MEDICARE -	0.00	0.00	79278.57	1149.56		0.00	0.00	0.00	79278.57	1149.56
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS

DEPARTMENT: 10 -14 SANITATION/INSPECTIO

NBR CHECKS -	LST - QUARTER 0 CHE	CK(S)	2ND - QUARTER 0 CHE	CK(S)	3RD - QUARTER O CHE	-	4TH - QUARTER O CHE		** TOTAL 0 CHE	
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 00.0	HOURS	THUOMA	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00
DEDUCTIONS	EMPLOYER	DEDUCT	employer	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES FEDERAL W/H STATE W/H -	TAXABLE 0.00 0.00	XAT 00.0 00.0	TAXABLE 0.00 0.00	XAT 0.00 0.00	TAXABLE 0,00 0,00 0,00	TAX 0.00 0.00	TAXABLE 0.00 0.00 0.00	TAX 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00	TAX 0.00 0.00 0.00
FICA - MEDICARE - EIC CREDIT -	0.00 0.00	0.00 0.00 0.00	0.00	0.00 0.00 0.00	0.00	0.00 0.00 0.00	0.00	0.00	0.00	0.00

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PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT DATE: 5/01/2015 THRU 5/15/2015

DEPARTMENT TOTALS

DEPARTMENT:	10 -23	SUMMER PART-TIME H	EL

nbr Checks -			2ND - QUARTER 0 CHE	TOTALS CK(S) 0.00	3RD - QUARTER 0 CHE	TOTALS CK(S) O.00	4TH - QUARTER O CHE		** TOTAL 0 CHE	
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00
DEDUCTIONS	employer	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	employer	DEDUCT	EMPLOYER	DEDUCT
TAXES FEDERAL W/H STATE W/H - FICA - MEDICARE - EIC CREDIT -	0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00

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DEPARTMENT TOTALS DEPARTMENT: 15 -01 CINEMA

nbr checks - net -	lst - Quarter O Che		2ND - QUARTER 16 CH	R TOTALS CCK(S) 7237.56	3RD - QUARTER 0 CHE		4TH - QUARTER O CHE		** TOTA: 16 CH	
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 9881.83	HOURS	TNUOMA	HOURS	AMOUNT 0.00	Hours	AMOUNT 9881.83
SALARY - HOURLY PAY -	0.00 0.00	0.00	173.34 339.60	7018.74 2863.09	0.00 0.00	0.00	0.00 0.00	0.00	173.34 339.60	7018.74 2863.09
DEDUCTIONS OPTUM FUNDI HITH SNG PR- HITH SNG AF- DENTAL PRE - DENTAL AFTE- I.M.R.F -	EMPLOYER 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00 802.94	DEDUCT 0.00 25.00 0.00 42.25 0.00 315.84	EMPLOYER 6.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.60 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 25.00 0.00 42.25 0.00 315.84
TAXES FEDERAL W/H- STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 9498.74 9498.74 9814.58 9814.58	TAX 1165.57 344.81 608.48 142.32 0.00	TAXABLE 0.00 0.00 0.00 0.00	XAT 00.0 00.0 00.0 00.0	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 9498.74 9498.74 9814.58 9814.58	TAX 1165.57 344.81 608.48 142.32 0.00

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PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT DATE: 5/01/2015 THRU 5/15/2015

DEPARTMENT TOTALS

DEPARTMENT: 30	-36	MOTOR	Füel	SUND	PROJ	
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NBR CHECKS - NET -	ist - Quarter 0 Chec		2ND - QUARTER 0 CHE		3RD - QUARTER 0 CHE	TOTALS CK(S) O.00	4TH - QUARTER 0 CHE		** TOTAL 0 CHE	
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	TRUOMA 00.0	HOURS	TRUDMA 00.0
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES FEDERAL W/H STATE W/H - FICA - MEDICARE - EIC CREDIT -	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00

DEPARTMENT: 70 -55 PAYROLL

	st - Quarter		2ND - QUARTE	R TOTALS ECK(S)	3RD - QUARTER 0 CHEC		4TH - QUARTER O CHE		** TOTAL 31 CH	
NBR CHECKS - NET -	0 Car	0.00	2% CUI	58704.80	U Chiale	0.00	O Citia	0.00	J1 0412	58704.80
EARNINGS GROSS -	HOURS	THUOMA	HOURS	AMOUNT 91587.40	HOURS	AMOUNT 0.00	HOURS	AMOUNT 0.00	HOURS	AMOUNT 91587.40
SALARY -	0.00	0.00	2426.50	81023.51	0.00	0.00	0.00	0.00	2426.50	81023.51
OVERTIME PA-	0.00	0.00	55.00	2239.69	0.00	0.00	0.00	0.00	55.00	2239.69
RANK DIFF -	0.00	0,00	244.00	425.60	0.00	0.00	0.00	0.00	244.00	425.60
SHIF/DIFF2 -	0.00	0.00	289.00	115.60	0.00	0.00	0.00	0.00	289.00	115.60
SHIF/DIFF3 -	0.00	0.00	376.50	282.38	0.00	0.00	0.00	0.00	376.50	282.38
SUN PREM -	0.00	0.00	104.00	132.32	0.00	0.00	0.00	0.00	104.00	132.32
LIC CERT -	0.00	0.00	0.00	768.30	0.00	0.00	0.00	0.00	0.00	768.30
DECLINE	0.00	0.00	0.00	300.00	0.00	0.00	0.00	0.00	0.00	300.00
CLOTHING -	0.00	0.00	0.00	6300.00	0.00	0.00	0.00	0.00	0.00	6300.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	employer	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1100.00
HLTH FAM PR-	0.00	0,00	0.00	1100.00	0.00	0.00	0.00		0.00	175.00
hlth sng PR-	0.00	0.00	0.00	175.00	0.00	0,00	0.00	0.00 0.00	0.00	0.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	183.31
LOAN PAYMEN-	0.00	0.00	0.00	183.31 79.92	0.00	0.00	0.00	0.00	0.00	79.92
LOAN PAYMEN~	0.00	0.00	0.00	38.85	0.00	0.00	0.00	0.00	0.00	30.85
LOAN PAYMEN-	0.00	0.00	0.00 28.16	27.94	0.00	0.00	0.00	0.00	28.16	27.94
ST FARM INS-	0.00	0.00	0.00	440.00	0.00	0.00	0.00	0.00	0.00	440.00
IPPFA 457 P-	0.00	0.00	0.00	2006.75	0.00	0.00	0.00	0.00	0.00	2006.75
ENG LOCAL39-	0.00	0.00	0.00	37.50	0.00	0.00	0.00	0.00	0.00	37.50
UNITED WAY -	0.00	0.00	0.00	784.15	0.00	0.00	0.00	0.00	0.00	784.15
DENTAL PRE - DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	56.56	0.00	0.00	0.00	0.00	0.00	56.56
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	140.60	0.00	0.00	0.00	0.00	0.00	140.60
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-	0.00	0.00	0.00	410.04	0.00	0.00	0.00	0.00	0.00	410.04
CHAPTER 13 -	0.00	0.00	0.00	441.25	0.00	0.00	0.00	0.00	0.00	441.25
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	297.50	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -	0.00	0.00	0.00	165.54	0.00	0.00	0.00	0.00	0.00	165.54
LOAN FYMT -	0.00	0.00	0.00	28.45	0.00	0.00	0.00	0.00	0.00	28.45
PRINCIPAL -	0.00	0.00		103.29	0.00	0.00	0.00	0.00	0.00	103.29
MISC -	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00		4121.41	0.00	0.00	0.00	0.00	10477.58	4121.41
VOL ADD CON-	0.00	0.00		231.75	0.00	0.00	0.00	0.00	0.00	231.75
ALLST-PRETA-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00		0.00		0.00	0.00	0.00	0.00	0.00
mellon add -	0.00	0.00		50.00		0.00	0.00	0.00	0.00	50.00 0.00
MELLON ADD -	0.00	0.00		0.00		0.00		0.00	0.00	0.00
optum add -	0.00	0.00		0.00		0.00		0.00	0.00	45.00
REIMBURSE -	0.00	0.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	
TAXES	TAXABLE	TAX		TAX		TAX		TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00		11979.47		0.00		0.00	84450.85	11979.47
STATE W/H -	0.00	0.00	94450.85	3108.29	0.00	0.00	0.00	0.00	84450.85	3108,29

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FICA ~ 0. MEDICARE ~ 0. EIC CREDIT ~		89281.09 89281.09	5535.46 1294.57 0.00	0.00	0.00 0.00 0.00	0.00	0.00 0.00 0.00	89281.09 89281.09	5535.46 1294.57 0.00

DEFARTMENT: 71 -30 INDUSTRIAL PRETREATM

1ST - QUARTER TOTALS NBR CHECKS - 0 CHECK(S)		2ND - QUARTER TOTALS 1 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER 0 CHE		** TOTAL ** 1 CHECK(S)		
net -		0.00		1721.83		0.00		0.00		1721.83
EARNINGS GROSS -	HOURS	AMOUNT 0.00	HOURS	AMOUNT 2926.00	HOURS	TNUOMA	HOURS	AMOUNT 0.00	HOURS	AMOUNT 2926.00
SALARY - LIC CERT - CLOTHING -	0.00 0.00 0.00	0.00 0.00 0.00	86.66 0.00 0.00	2652.77 48.23 225.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	86.66 0,00 0.00	2652.77 48.23 225.00
DEDUCTIONS OPTUM FUNDI HLTH FAM PR- HLTH SNG PR- ST FARM INS- IPPFA 457 P- ENG LOCAL39- UNITED WAY - DENTAL PRE- DENTAL AFTE- I.M.R.F	EMPLOYER 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	DEDUCT 0.00 0.00 0.00 0.00 0.00 0.00 0.00	EMPLOYER 0.00 0.00 1.28 0.00 0.00 0.00 0.00 0.00 334.73	DEDUCT 0.00 0.00 25.00 1.27 200.00 72.25 0.00 19.78 0.00	EMPLOYER 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	DEDUCT 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	EMPLOYER 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	DEDUCT 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	EMPLOYER 6.00 0.00 0.00 1.28 0.00 0.00 0.00 0.00 0.00 334.73	DEDUCT 0.00 0.00 25.00 1.27 200.00 72.25 0.00 19.78 0.00 131.67
TAXES FEDERAL W/H- STATE W/H - FICA - MEDICARE - BIC CREDIT -	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 2549.55 2549.55 2881.22 2881.22	TAX 438.17 95.61 178.64 41.78 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00 0.00	TAXABLE 0.00 0.00 0.00 0.00	TAX 0.00 0.00 0.00 0.00	TAXABLE 2549.55 2549.55 2881.22 2881.22	TAX 438.17 95.61 178.64 41.78 0.00

REPORT TOTALS

NBR CHECKS -	ST - QUARTER 0 CHE			r totals ieck(s)	3RD - QUARTER 0 CHE		4TH - QUARTER 0 CHE		** TOTE 260 CF	ECK(S)
NET -		0.00		430275.30		0.00		0.00		430275.30
Earnings Gross -	HOURS	AMOUNT	HOURS	AMOUNT 711888.39	HOURS	AMOUNT 0.00	HOURS	TMOUME 0.00	HOURS	AMOUNT 711888.39
SALARY ~	0.00	0.00	20208.32	593274.57	0.00	0.00	0.00	0.00	20208.32	593274.57
HOURLY PAY -	0.00	0.00	519.60	4984.59	0.00	0.00	0.00	0.00	519.60	4984.59
SHORT/CHG -	0.00	0.00	204.00	6765.50	0.00	0.00	0.00	0.00	204.00	6765.50
REIM OT -	0.00	0.00	62.00	3169.24	0.00	0.00	0.00	0.00	62.00	3169.24
TIF ADMIN -	0,00	0.00	0.00	416.67	0.00	0.00	0.00	0.00	0.00	416.67
OVERTIME PA-	0.00	0.00	174.00	8113.34	0.00	0.00	0.00	0.00	174.00	8113.34
COURT TIME -	0.00	0.00	2.00	125.40	0.00	0.00	0.00	0.00	2.00	125.40
CALL OUT -	0.00	0.00	188.00	8393.79	0.00	0.00	0.00	0.00	188.00	8393.79
COR -	0.00	0.00	111.00	4440.00	0.00	0.00	0.00	0.00	111.00	4440.00
RANK DIFF -	0.00	0.00	2203.50	4089.85	0.00	0.00	0.00	0.00	2203.50	4089.85
SHIF/DIFE2 -	0.00	0.00	289.00	115.60	0.00	0.00	0.00	0.00	289.00 376.50	115.60 282.38
SHIF/DIFF3 -	0.00	0.00	376.50	282.38	0.00	0.00	0.00	0,00		
CDL LIC -	0.00	0.00	88.00	44.00	0.00	0.00	0.00	0.00	88.00	44.00
DISPATCH 2 -	0.00	0.00	308.00	246.40	0.00	0.00	0.00	0.00	308.00	246.40 132.32
SUN PREM -	0.00	0.00	104.00	132.32	0.00	0.00	0.00	0.00	104.00	767.65
SHIF/DIFF3 -	0.00	0.00	1181.00	767.65	0.00	0.00	0.00	0.00	1181.00	816.53
LIC CERT -	0.00	0.00	0.00	616.53	0.00	0.00	0.00	0.00	0.00	475.00
WC ED -	0.00	0.00	0.00	475.00	0.00	0.00	0.00	0.00	0.00	1103.01~
INJURED -	0.00	0.00	0.00	1103.01-		0.00	0.00	0.00 0.00	0.00	500.00
ema coor -	0.00	0.00	0.00	500.00	0.00	0.00	0.00		0.00	2100.00
DECLINE -	0.00	0.00	0.00	2100.00	0.00 0.00	0.00	0.00	0.00 0.00	0.00	100.00
EXP ALLOW -	0.00	0.00	0.00	100.00 10525.00	0.00	0.00	0.00	0.00	0.00	10525.00
CLOTHING -	0,00	0.00	0.00			0.00	0.00	0.00	0.00	2000.00
LSUM/BONUS -	0.00	0.00	0.00	2000.00 533.06	0.00 0.00	0.00	0.00	0.00	14.00	533.06
CEU HOURS -	0.00	0.00	14.00				0.00	0.00	2268.00	60580.51
GD ATTEND I-	0.00	0.00	2268.00	60580.51	0.00	0.00	0.00	0,00	2200.00	00300.31
DEDUCTIONS	EMPLOYER	DEDUCT		DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING	0.00	0.00		0.00	0,00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00
H.S.A -	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	3850.00
HLTH FAM PR-	0.00	0.00		3850.00	0.00 0.00	0.00	0.00	0.00	0.00	575.00
HLTH SNG PR-	0.00	0.00		575.00				0.00	0.00	100.00
hlth sng Af-	0.00	0.00		100.00	0.00 0.00	0.00	0.00	0.00	0.00	550.00
HLTH EML AF-	0.00	0.00		550.00 60.00	0.00	0.00	0.00	0.00	0.00	60.00
PBPA CHIEF -	0.00	0.00			0.00	0.00	0.00	0.00	0.00	1449.94
LOAN PAYMEN-	0.00	0.00		1449.94 715.77	0.00	0.00	0.00	0.00	0.00	715.77
LOAN PAYMEN-	0.00	0.00		452.99	0.00	0.00	0.00	0.00	0.00	452.99
LOAN PAYMEN-	0.00			184.15	0.00	0.00	0.00	0.00	185.60	184.15
ST FARM INS-	0.00	0,00 0,00		102.71	0.00	0.00	0.00	0.00	0.00	102.71
AMER HERITA-	0.00			33302.73	0.00	0.00	0.00	0.00	0.00	33302.73
IPPNA 457 P-	0.00 0.00	0.00		33302.73 85.00	0.00	0.00	0.00	0.00	0.00	85.00
RELIEF 6 WE-	0.00	0.00		2079.00		0.00	0.00	0.00	0.00	2079.00
ENG LOCAL39-		0.00		2660.00		0.00	0.00	0.00	0.00	2660.00
PBPA LABOR -	0.00 0.00	0.00		1017.50		0.00	0.00	0.00	0.00	1017.50
AFSCME 31 - TEAMSTERS52-	0.00	0.00		997.00		0.00	0.00	0.00	0.00	997.00
LABORER 397~	0.00	0.00		660.00		0.00	0.00	0.00	0.00	660.00
UNITED WAY -	0.00	0.00		671.49		0.00	0.00	0.00	0.00	671.49
AMTICH AUT _	0.00	9,00		W/	-,					

5/13/2015 2:5 PAYROLL NO#: 01		ranite City	PAYRO	LL HIS SORTED BY DE	TORY	REPORT		DATE: 5/	01/2015 THRU	PAGE: 23 5/15/2015
DENTAL PRE -	0.00	0.00	0.00	2102.88	0.00	0.00	0.00	0.00	0.00	2102.88
DENTAL AFTE-	0.00	0.00	0.00	1110.71	0.00	0.00	0.00	0.00	0.00	1110.71
BAS 125 PLA-	0.00	0.00	0.00	125.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	0.00	0.00	937.34	0.00	0.00	0.00	0.00	0.00	937.34
AMERITAS PR-	0,00	0.00	0.00	470.08	0.00	0.00	0.00	0.00	0.00	470.08
AMERITAS AF-	0.00	0.00	0.00	186.16	0.00	0.00	0.00	0,00	0.00	186.16
DENTAL PRE -	0.00	0.00	0.00	598.09	0.00	0.00	0.00	0.00	0.00	598.09
DENTAL AFT -	0.00	0.00	0.00	89.85	0.00	0.00	0.00	0.00	0.00	89.85
253 FIRE PA-	0.00	0.00	0.00	198.50	0.00	0.00	0.00	0.00	0.00	198.50
ADD FIRE PA-	0.00	0.00	0.00	40.50	0.00	0.00	0.00	0.00	0.00	40.50
CHILD SUPPT-	0.00	0.00	0.00	3965.25	0.00	0.00	0.00	0.00	0.00	3965.25
DIVERS 457%-	0.00	0.00	0.00	2840.28	0.00	0.00	0.00	0.00	0.00	2840.28
	0.00	0.00	0.00	441.25	0.00	0.00	0.00	0.00	0.00	441.25
CHAPTER 13 - GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT- GARN FEE -	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	5.00
	0.00	0.00	0.00	348.00	0.00	0.00	0.00	0.00	0.00	348.00
GARNISHMENT-	0.00	0.00	0.00	297.50	0.00	0.00	0.00	0.00	0.00	297.50
CHAPTER 13 -				165.54	0.00	0.00	0.00	0.00	0.00	165.54
PRIN 457% -	0.00	0.00	0.00		- 0.00	0.00	0.00	0.00	0.00	57.68
PRIN LOAN -	0.00		0.00	109.05	0.00	0.00	0.00	0.00	0.00	109.05
LOAN PYMT -	0.00	0.00		6269.68	0.00	0.00	0.00	0.00	0.00	6269.68
PRINCIPAL -	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
MISC ~	0.00	0.00	0.00	0.00 12435.32	0.00	0.00	0.00	0.00	31613.33	12435.32
I.M.R.F -	0.00	0.00	31613.33		0.00	0.00	0.00	0.00	0.00	17212.61
POL PENSION-	0.00	0.00	0.00	17212.61			0.00	0.00	0.00	15371.51
FIRE PENSIO-	0.00	0.00	0.00	15371.51	0.00	0.00			0.00	466.64
VOL ADD CON-	0.00	0.00	0.00	466.64	0.00	0.00	0.00	0.00	0.00	0.00
HSA FUND -	0.00	0.00	0.00	0.00	0.00 0.06	0.00 0.00	0.00	0.00	0.00	121.48
ALLST-PRETA-	0.00	0.00	0.00	121.48			0.00	0.00		53.06
allst-taxab-	0.00	0.00	0.00	53.06	0,00	0.00	0.00 0.00	0.00	0.00 0.00	53.06 669.23
2%-LABOR -	0.00	0.00	0.00	669.23	0.00	0.00		0.00	0.00	18558.46
mellon ADD -	0.00	0.00	0.00	18558.46	0.00	0.00	0.00		0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD ~	0.00	0.00	0.00	0.00						50.98
LOAN PAYMEN-	0.00	0.00	0.00	50.98	0.00	0.00	0.00	0.00	0.00	270,42
LOAN PAYMEN-	0.00	0.00	0.00	270.42	0.00	0.00	0,00	0.00	0.00	45.00
REIMBURSE -	0.00	0.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
UMB ADD PRE-	0.00	0.00	0.00	10198.17	0.00	0.00	0.00	0.00	0.00	10198.17
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	XAT	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	603063.07	87005.15	0.00	0.00	0.00	0.00	603063.07	87005.15
STATE W/H -	0.00	0.00	603063.07	22360.05	0.00	0.00	0.00	0.00	603063.07	22360.05
FICA -	0.00	0.00	280540.45	17393.54	0.00	0.00	0.00	0.00	280540.45	17393.54
MEDICARE -	0.00	0.00	657229.24	9529.85	0.00	0.00	0.00	0.00	657229.24	9529.85
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00